

VA Bedford Healthcare System Clinical Psychology Postdoctoral Residency



2023-2024 Program Brochure

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Bedford Healthcare System

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Accreditation status

The Clinical Psychology postdoctoral residency program at **VA Bedford Healthcare System** (also known as **Edith Nourse Rogers Memorial Veterans' Hospital – Bedford**) is accredited by the Commission on Accreditation of the American Psychological Association. There are eight special emphasis tracks within the Clinical Psychology program (totaling 15 residents). In 2015, APA conducted a re-accreditation site visit, and the program was awarded the highest level (7 years) of re-accreditation status (through 2022). Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Application procedures

The following application materials are required to be submitted to the APPIC Psychology Postdoctoral Application portal (APPA CAS):

1. Cover letter (including a brief description of applicant's internship rotations)
2. CV
3. Three letters of recommendation (at least one from an internship supervisor, and at least one from doctoral program faculty).
4. Undergraduate and graduate degree transcripts (photocopies of official transcripts are fine)
5. Description of the status of your dissertation, including details related to phase of the project and expected dates for subsequent phases and/or completion

Applications due: January 5

For questions about our training programs, contact:

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Training model and program philosophy

The educational philosophy of the Clinical Psychology program is scholar-practitioner. The residency program embraces a Veteran-centric recovery orientation to mental health service. All aspects of the psychology service residency program aim for an evidence- and theory-based approach to supervision, didactics, and clinical services. Residents typically engage in either research or program evaluation pertaining to their residency track.

Additionally, the program values:

- Critical thinking and the ability to understand diverse theoretical perspectives
- Flexibility and independence in professional settings
- Clinical sensitivity and empathy in all aspects of interpersonal interaction
- Multicultural competency

The residency seeks to facilitate professional development in accordance with these values and recognizes that a training model incorporating research evidence, clinical theory, and best practices in Veteran-centered recovery-oriented care forms the foundation for such development.

VA Bedford psychology training Diversity, Equity, and Inclusion statement

VA Bedford Psychology Service is strongly committed to creating, maintaining, and advancing an inclusive environment grounded in the tenets of [cultural humility](#). We value and appreciate a wide range of diverse and intersecting identities including, but not limited to, race, ethnicity, gender, sexual orientation, ability and disability, religious and spiritual orientations, class status, age, and geographic affiliation. We are dedicated to a recovery-oriented approach that seeks to affirm the strengths of the varied Veteran communities that we serve.

Our service line and training program encourage trainees and staff to deepen our collective understanding of the benefits, challenges, and opportunities for growth inherent in cultivating mutual understanding and respect. We recognize the importance of ongoing development of awareness, knowledge, and skills as a means of enhancing our ability to provide culturally responsive services and to act as change agents in transforming our organization.

The aim of our psychology training overall, and our diversity-related training specifically, is to support trainees in exploring how individual differences, lived experiences, and their unconscious and conscious attitudes, biases, and behaviors affect clinical and professional work. We welcome and promote opportunities for self-reflection and respectful dialogue in the pursuit of dismantling systems of oppression and nurturing a commitment to social justice, equity, and inclusion.



Psychology setting

The Psychology training program at VA Bedford Healthcare System is a component of the Psychology Service, which employs 41 psychologists along with a large number of associated staff.

The training program offers three levels of training in clinical psychology:

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- A part-time (20-25 hour/week) practicum for ten months
- A full-time yearlong APA-accredited doctoral internship
- Postdoctoral training involving a full-time yearlong APA-accredited Clinical Psychology residency and a two-year APA-accredited Clinical Neuropsychology residency

The training program has fifteen postdoctoral residents, nine doctoral interns, and sixteen practicum students for the 2021-2022 training year. Students from nursing, social work, psychiatry, neurology, and other disciplines also train at the medical center each year.

Psychologists are involved in a range of leadership positions around the hospital; particularly as program directors within their respective specialties. Staff expertise covers a wide range of specialties, with a particular emphasis on psychosocial rehabilitation, integrative psychotherapy, evidence-based practices, and posttraumatic stress disorder (PTSD). A number of Psychology service-run programs have received national awards for innovation in psychosocial rehabilitation. A number of psychology service staff members are involved in research through the Bedford Site VISN 1 Mental Illness Research, Education, and Clinical Center (MIRECC). The Psychology service and training program are academically affiliated with the Boston University School of Medicine, where a number of VA Bedford psychologists hold faculty appointments. Staff psychologists are also active in a range of outside teaching and research at surrounding universities.

Facility and training resources

All residents are provided with offices, which are located throughout the medical center in proximity to services associated with their training track. Each resident has a computer assigned to them and access to network printers. Computer access allows the resident internet access as well as access to the sophisticated Computerized Patient Record System (CPRS) of the Veterans Health Administration.

The Administrative Assistant to the Psychology program provides substantial program and clerical support to the internship program. Administrative and support staff throughout the medical center provide support to residents working within particular areas.

The library service at Bedford, as a member of the VA library network and various biomedical library consortia, has access to the collections of major research, university, hospital and public libraries.

Training during a pandemic

When the COVID-19 pandemic began to unfold during the middle of the training year in March 2020, the program quickly adapted to a remote training and clinical model. We essentially maintained this structure for the start of the 20-21 training year, with a small re-introduction of on-site face-to-face clinical services in some inpatient, geriatric, and assessment settings in which telehealth services were not feasible. For much of the training year, the majority of clinical and training activities occurred remotely. However, with the high vaccination rates among veterans at VA Bedford and in Massachusetts overall, we have been able to increase face-to-face clinical work during the spring/summer of 2021. Our expectation for the 2021-2022 training year is that clinical training will largely take place on-site. However, even with our staff and students on-site, we expect a significant proportion of our clinical work will be via telehealth. Given the tremendous expansion of telehealth services and increased veteran comfort with remote treatment, a number of veterans continue to choose remote services, particularly remote mental health treatment.

Due to the changes required by the pandemic over the past two training years, the Psychology Service and training program now have the experience and resources to quickly adapt to any change in circumstances. Consequently, should COVID parameters change due to new variants, rising infection rate, etc., the program will be able to

effectively pivot to a remote training and clinical structure.

Program aims and objectives

The primary aim of the residency program is to prepare residents to function effectively across a range of health service psychology settings, particularly those frequently found in VA medical centers. Consequently, the residency aims to prepare trainees to function independently and flexibly in professional settings and assume the diverse roles of clinician, researcher, consultant, teacher, and program developer, with a particular appreciation of the special needs of veterans. The specific competencies expected of the resident are listed in the section, "[General Competencies](#)" and largely parallel the competencies outlined in the 2017 APA Standards of Accreditation.

The secondary aim is to facilitate development of the knowledge/skill base needed for subsequent professional activities in a particular area of interest. As will be discussed below, the clinical psychology residency program has eight separate training tracks, each with a particular clinical and professional focus:

- [Addictions](#)
- [Community reintegration](#)
- [Geropsychology](#)
- [Interprofessional mental health](#)
- [Interprofessional primary care behavioral health](#)
- [Interprofessional psychosocial rehabilitation](#)
- [Intimate partner violence](#)
- [Lesbian, gay, bisexual, transgender, queer/questioning interprofessional care](#)

The program has track-specific expected competencies associated with the unique nature of professional activity and clinical work relevant to that focus. These competencies are listed as the "learning objectives" under the description for each track of training.

In order to achieve this level of competency, residents engage in structured professional and clinical experiences relevant and specific to their particular area of training. These experiences occur across four training domains:

- clinical
- administration/program development
- research/program evaluation
- supervision/teaching

Consequently, the residency has two levels to its training objective. All residents are expected to achieve competency in the nine broad profession-wide competencies and the skill set related to their particular training track. The proportion of time and practice devoted to each of the four domains of training varies across the different residency training tracks.

Within the clinical domain, residents engage, on average, approximately 30-35% of their time in direct clinical care (not including receiving and providing clinical supervision, note writing, assessment reports, team meetings, etc., associated with each track's direct clinical work). The program requires no less than 25% of the resident's time in direct clinical care, however, the nature of that clinical care, and the exact percentage of direct care, is specific to the particular focus of each residency track.

Within the supervision/teaching domain, residents have a number of structured and informal opportunities to engage in supervision, didactic instruction, mentoring, modeling and consultation activities. A key training activity within this domain involves providing weekly clinical supervision for a psychology practicum student for half of the training year. In addition, in some tracks of training, the residents may also provide supervision to earlier-in-training trainees in that particular clinical area. Residents' roles in program development and/or administrative responsibilities within their track may provide additional opportunities to assume supervisory responsibilities during the training year.

Within the administration/program development domain residents will have varied opportunities to gain experience within their specialty track. There may also be liaison, consultative, and cross-discipline collaborative opportunities associated with administrative roles and program development activities.

Within the research/program evaluation domain of training, residents have flexibility to pursue either a small scale research project or, more typically, to engage in program evaluation and/or development activities. Program evaluation activities typically inform program development initiatives on which residents collaborate with supervisory and administrative staff from the various clinics and programs around the hospital.

Interprofessional teams and interprofessional practice is becoming the standard model of program structure and Veteran-centered care, and a range of possible program evaluation projects can be pursued. In addition, residents have also engaged psychosocial rehabilitation-oriented program evaluation projects involving questionnaire and interview data from staff, program directors, consumers, and families from the many recovery-oriented programs at the hospital. Lastly, given the breadth of research being conducted on site, particularly through MIRECC, residents have an opportunity to become involved in one of a number of clinically relevant research studies related to the MIRECC mission of improving mental health treatments and access to services for Veterans who have addictions and co-occurring mental health disorders.

Training program structure

Overview of the residency

The training year commences on the Tuesday after Labor Day in September and ends on the Friday before the Labor Day weekend of the following year. The residency is a full-time (40 hours per week) full-year (2080 hour) experience. Residents accrue a total of thirteen days of personal leave and thirteen days of sick leave over the course of the year. In addition, residents are granted up to four days for educational leave and/or professional development (e.g. attending training, professional conferences, and job interviews).

Student orientation

The training year commences with a three-week orientation period, in which students become acclimated to the nature of psychology training at VA Bedford, and begin clinical and professional activities within their particular training track.

The training program orientation affords residents, along with practicum students and interns, an opportunity to get to know each other. During the orientation, students are introduced to various staff and participate in a range of initial seminars and dialogues relevant to VA training and practice. There is a strong didactic and experiential training focus on multiculturalism during orientation, along with other didactics, such as risk assessment and management. The orientation period also allows for residents to begin meeting with each of their primary supervisors or preceptors for their particular residency training track.

Seminars and other didactics

Residents have opportunities to participate in a rich array of seminars and other didactic offerings. Some meetings are required and offered on a regular basis (i.e., monthly), and others are optional and offered on a one-time or semi-consistent basis.

Required recurring seminars and didactic meetings

Diversity seminar: As noted earlier, all psychology trainees attend a series of diversity seminar meetings during orientation, incorporating discussions on contemporary multicultural research and theory as well as experiential activities. This initial immersion in multicultural training and dialogue with one's peers establishes the foundation of cultural humility as a key component and expectation of the training program.

Following this intensive training, residents participate with other psychology training program trainees in a diversity seminar series that meets twice monthly. The diversity seminar offers residents, interns, and practicum students an opportunity to collaborate as part of a team to lead instructional and interactive dialogues that illustrate an application of one or more areas of diversity to training at VA Bedford and professional interests at-large (including, but not limited to, race/ethnicity, social class, religion, age, sexual orientation, gender identity, disability status, existentialism/end of life, military culture and military identity, etc.). Four staff psychologists co-facilitate this seminar and provide teams with consultation and support around designing and implementing their presentations.

In addition to the trainee diversity seminar, other trainings and dialogues are presented by staff addressing issues related to equity, inclusion, power, and privilege. Content addressed in these seminars and dialogues are often integrated in and processed within the context of individual supervision. Overall, the program continually strives to provide an environment that balances support and challenge around developing one's sense of cultural humility, awareness, knowledge, and skills.

Ethics seminar: Residents are required to attend a monthly ethics seminar, co-facilitated by staff psychologists who have knowledge and expertise in the areas of professional ethics, legal, and risk management issues. Seminar dialogues have

integrated topics including models of ethical decision-making; intersections between ethics, law, clinical issues, and risk management; ethics and The Hatch Act; organizational ethics; ethics and social justice; and termination vs. abandonment. Residents are encouraged to identify subject matter that is relevant to their VA training and professional interests, and invited to bring examples of their own professional ethical dilemmas for consultation in seminar.

Professional development seminar series: Residents participate in monthly dialogues and presentations hosted by Psychology Service staff on topics that are relevant to residents as part of their early career professional transitions. Past presentations have included general and VA-specific job search processes; licensure and Board Certification; “imposter syndrome” and the early career psychologist; and administrative work in VA careers.

Optional recurring seminars and didactic meetings

Evidence-based psychotherapy consultation seminars: Trainees may choose to participate in one year-long evidence-based psychotherapy consultation seminars. Staff with intensive training and expertise in specific EBPs facilitate didactic trainings at the beginning of the training year, followed by weekly consultation groups for the remainder of the training year. Consultation seminars are currently offered for CBT for insomnia, ACT for depression, cognitive processing therapy for PTSD, integrated behavioral couples therapy, CBT for substance use, dialectical behavioral therapy, and CBT for psychosis.

Additional Seminars and Lectures: A variety of topical seminars are offered addressing a range of subjects (e.g., PTSD assessment and treatment, psychosocial rehabilitation, legal and ethical issues in VA, suicide prevention, and peer services). There is also an optional Mindfulness Training that residents are invited to attend. This series of training meetings incorporate experiential learning

and practice, along with theoretical presentations and discussions on clinical applications.

Local and national VHA presentations and trainings:

In addition to required seminars, residents can attend a variety of Grand Rounds presentations hosted by different service lines and programs within the medical center. VA Bedford hosts *Psychiatry Grand Rounds* lectures that feature a range of noteworthy local and national speakers, and address a variety of clinically relevant topics. *The Schwartz Center Rounds* is an interprofessional and interdisciplinary forum that offers hospital clinicians a space for dialogue about the personal impact of their professional work with Veterans as it relates to timely clinical and social issues. Other presentations are also offered on a semi-regular basis, including weekly *Geriatrics and Extended Care Grand Rounds*, monthly *Interprofessional Faculty Development Presentations*, the interdisciplinary *VA Bedford Ethics Forums*. Finally, residents are also notified of online trainings and webinars highlighting clinical issues, interventions, and professional work with Veterans and other special populations.

Supervision and preceptorship

Each residency training track has several training supervisors, one of whom also serves as a preceptor for the resident. Preceptors typically provide clinical supervision and mentorship around other areas of professional functioning. Thus, preceptors typically address a broad scope of areas, including professional interests and development, career preparation, overall goals and progress in the residency, and personal issues influencing professional work. In addition to one’s preceptor, each resident is also free to speak with any other supervisor, training committee member, or medical center staff regarding areas of professional functioning.

All residents receive at least 2.5 hours of regularly scheduled individual weekly supervision from supervisors affiliated with their respective tracks of residency, including preceptor-provided supervision. In actuality, residents typically receive

more supervision than the above minimum, with additionally scheduled individual supervision, impromptu consultation and supervision as needed, and regularly scheduled group supervision.

Training program supervisors are typically readily available for consultation and supervision, and residents are encouraged to contact their supervisor whenever necessary. The Director of Training and Associate Directors of Training also encourage all students to contact one of them whenever an emergent situation arises. Given the breadth of supervisors available to the residency program, residents can receive ample ancillary consultation and supervision whenever additional input is needed. With regard to research, for example, the range of psychologists either actively involved in clinical studies or well-conversant with research methodology and literature provide many opportunities for the resident to receive additional input and suggestions for their research projects.

Lastly, all residents participate in small group supervision for their provision of supervision work, and the residents also attend a weekly seminar on supervision.

Research projects

The Psychology Service participates in the hospital's active and productive research community, with most psychology research housed in the VISN 1 Mental Illness Research, Education, and Clinical Center (MIRECC). The VISN 1 MIRECC is focused on co-occurring disorders—substance abuse and other mental illnesses. Areas of study include vocational rehabilitation, gambling, smoking cessation, and pharmacological interventions for addiction. Residents with strong interest and background in research are welcome to inquire about involvement in ongoing research programs.

Research opportunities also exist in other parts of the hospital, notably in the Geriatric Research, Education and Clinical Center (GRECC) and the Center for Healthcare Organization and Implementation Research (CHOIR).

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Resident evaluation

As a training program, we are committed to facilitating each resident's professional development across the range of areas of professional functioning. The psychology training program uses the vehicle of supervision and direct observation of other professional functioning to inform evaluation ratings. The training program at VA Bedford seeks to make the feedback process something that is clear, predictable, and useful for all our trainees. The program has also worked to make providing feedback (both to and from trainees) something that is built into the culture of the training program.

Evaluations and “feedback week”

Evaluations for residents are completed at the 4-month, 8-month, and 12-month marks in the training year. During each of the formal evaluation periods, residents and their supervisors have a designated time frame set aside (i.e., “feedback week”) to specifically review together the resident's performance to date as well as the dyad's work together in the supervision.

Prior to feedback week meetings for each time point, supervisors complete 1) a comprehensive competency rating form, derived from the [2017 APA Standards of Accreditation nine profession-wide competency areas](#); and 2) an additional evaluation form is utilized that encompasses the track's unique set of learning objectives. Criteria for acceptable ratings on both general and specific competencies at each evaluation period are delineated on each form.

Remediation Process

At any time during the training year, if evaluation of a resident by one or more of his/her supervisors indicates that the resident is not meeting expected competencies or is not performing as expected regarding professional or program requirements, then the supervisor(s) is to notify the resident as rapidly as possible of any difficulties. Residents are

also encouraged to actively seek feedback on an ongoing basis.

The preceptor and supervisor(s) will be responsible for monitoring and monthly review of the resident's progress, until it is determined that the resident has either shown satisfactory progress or has failed to make progress on their plan.

Requirements for completion

Evaluations of residents occur formally three times over the course of the training year. Successful completion of the program requires completion of the equivalent of a full year of full-time training and achieving competency in regard to the program's training objectives and the specific competencies associated with that resident's particular training track. Program competencies are listed in the appendix; track competencies are listed within each track description below.

Maintenance of records

All resident evaluations and related training forms and documentation are retained permanently within the Psychology Department.



Edith Nourse Rogers

Training tracks

Addictions

Dr. Jonathan Lee; jonathan.lee6@va.gov

One residency position is available in Addictions.

The psychology postdoctoral resident will receive training in the coordination, consultation, and direct delivery of individual and group treatment services for Veterans with addictions to alcohol, drugs, tobacco, gambling, compulsive sexual behaviors, binge eating, and internet gaming, as well as other addictions. The addictions postdoctoral residency position has three primary placements throughout the year: (1) the Veteran's Mental Health and Addictions Program (VMHAP), (2) the Behavioral Addictions Clinic (BAC), and (3) the VA Bedford HCS Tobacco Cessation Program (TCP). This will provide the postdoctoral resident breadth of exposure to a range of addictions common among Veterans as well as gain a depth of experience in delivering clinical services to Veterans with addictions in different stages of recovery.

In addition, the addictions postdoctoral resident provides an opportunity to engage in research. Several of the faculty involved in the addictions postdoctoral residency are members of the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC). The mission of the VISN 1 New England MIRECC is to develop innovative treatments and clinical programs for Veterans with co-occurring addictions and mental health disorders. The addictions postdoctoral resident will be able to participate in research and program development activities related to addictions, including opportunities to participate in ongoing clinical trials, prepare and deliver conference presentations, and engage in scientific writing.

Overall, the addictions postdoctoral residency provides a unique learning opportunity for

postdoctoral residents to understand the intersection of addictions and co-occurring mental health disorders, with other psychological and social stressors through these four core experiences. There is an emphasis on conducting comprehensive assessments to inform case conceptualization and understanding the key evidence-based therapeutic approaches within the field of addictions treatment, particularly those involving motivational enhancement, cognitive-behavioral therapy, acceptance- and mindfulness-based interventions, and recovery-oriented approaches. The postdoctoral resident will get both a breadth and depth of training experiences in addictions that will include developing and refining skills in assessment, intervention, and program development to prepare the postdoctoral resident for competitive positions in addictions-related fields.

VMHAP sub-rotation

VMHAP comprises the Intensive Day Treatment Program (IDTP) and aftercare. IDTP serves Veterans for simple detox care and provides intensive rehabilitation, 30-35 hours of treatment per week. Length of stay varies according to Veteran's needs but is typically 2 weeks in length. Each Veteran is assigned an interdisciplinary team which coordinates and individualizes overall treatment and discharge planning. Aftercare is an outpatient program that serves Veterans to support ongoing recovery goals and maintain the treatment gains made from more intensive settings, often after the completion of IDTP. The Addictions postdoctoral resident will have the opportunity to conduct program intake assessments, BAM-R and MET assessments, and lead/co-lead psychoeducational groups on various topics including stages of change, medical consequences of tobacco use and cessation, and managing triggers and urges, to name a few. There are also opportunities to gain supervised training in empirically supported treatments including seeking safety, motivational enhancement therapy, and cognitive behavioral therapy for substance use disorders (CBT-SUD).

Behavioral Addictions Clinic (BAC) sub-rotation

Behavioral addiction is a form of addiction that involves a compulsion to engage in a rewarding non-drug-related behavior despite negative consequences to the person's physical, mental, social, or financial well-being. Types of behavioral addictions addressed in the BAC include gambling, compulsive sexual behavior (e.g., frequent sexual partners, problematic use of pornography), binge eating disorder, excessive internet use, (e.g., online shopping, playing video games), and compulsive buying. Rates of gambling disorder and compulsive sexual behavior (i.e., dysregulated sexual behaviors; e.g., excessive use of pornography, frequent casual sexual partners) are higher among Veterans than non-Veterans. There is growing demand for behavioral addiction treatment services within VHA, particularly among returning combat Veterans. The BAC provides cutting-edge training to the addictions postdoctoral resident on the assessment and treatment of behavioral addictions which commonly co-occur with conditions such as PTSD, sexual trauma, substance use, and anxiety among Veterans. The BAC operates on a short-term treatment model where the focus of the individual and group treatment services is on assisting Veterans to obtain mastery over the problematic behaviors for which they have been referred. After successful completion of the BAC treatment services, the Veterans are then referred to their main treatment providers to address other remaining mental health service needs as appropriate. The BAC is the only specialty outpatient clinic in VHA that focuses the training for psychology postdoctoral residents on best practices for assessing and treating problem gambling, compulsive sexual behavior disorder, and binge eating disorder, and it has been recognized as a leader in VHA for assessing and treating behavioral addictions. The addictions postdoctoral resident will have the opportunity to be trained in effective brief treatments for behavioral addictions, including acceptance commitment therapy, cognitive behavioral therapy, and mindfulness-based relapse prevention. The postdoctoral resident will also gain experience conducting

intakes and assessments, engaging in differential diagnosis pertaining to behavioral addictions, providing clinical consultations to providers, managing administrative roles in the clinic, organizing outreach and educational events, and providing brief individual and group psychotherapies as well as psychoeducation for Veterans.

Tobacco Cessation Program sub-rotation

The Tobacco Cessation Program (TCP) serves the entire medical center and surrounding outpatient clinics. Tobacco cessation is multidisciplinary and represented by psychology, nursing, psychiatry, and pharmacy. The goals of the TCP are to 1) provide assessment and intervention to Veterans at all stage of change with respect to quitting tobacco, and 2) increase awareness of the negative health effects of tobacco use for Veterans, staff, and health care providers through outreach and education. The addictions postdoctoral resident will receive exposure to conducting focused tobacco dependence assessments, delivering intensive short-term empirically supported treatment for tobacco users at all stages of change with regard to quitting tobacco (e.g., motivational, cognitive-behavioral, and acceptance- and mindfulness-based approaches), and facilitating motivational and psychoeducational groups for tobacco cessation. There is a weekly TCP team meeting, where cases are presented, and tobacco cessation treatment plans are discussed and modified. There is strong emphasis on the cultivation of interdisciplinary case conceptualization as clinical practice guidelines for tobacco cessation focus on the integration of tobacco cessation medications with intensive psychosocial treatment.

Learning objectives

1. Develop case conceptualization skills in working with Veterans presenting with addictions and co-occurring disorders.
2. Acquire proficiency in performing comprehensive assessments for Veterans

- presenting with addictions and being able to provide feedback.
3. Skillfully deliver evidence-based treatments for addictions including motivational interviewing, cognitive behavioral therapy, and acceptance- and mindfulness-based treatments.
 4. Develop professional identity as a psychologist working collaboratively as a member of the interdisciplinary treatment team through case presentations, consultation with providers from other disciplines, and outreach and education.
 5. Understand the range of treatment approaches for people with addictions, particularly motivational enhancement therapy, CBT, and recovery-oriented approaches to addictions treatment.
 6. Understand the concept of co-occurring disorders and the interrelationship between mental illness and addictions.
 7. Familiarity with the different stages of recovery from addictions, particularly as applied to group psychotherapy processes.
 8. Provide interventions from the principles of psychosocial rehabilitation.
 9. Assist with administrative oversight by managing consults, conducting intakes, and managing clinic assignment.
 10. Develop familiarity with methods for evaluating the efficacy of various approaches to addictive behaviors.
 11. Engage in research opportunities (e.g., participate in clinical trials, conference presentations, and/or manuscript preparation).
5. Coordinate addictions treatment with other medical and mental health providers and collaborate in Veteran care through delivery of co-visits.
 6. Assume select administrative clinical duties including clinical intakes and managing consults.
 7. Participate in program development, outreach, and education activities.
 8. Contribute to research focused on addictions which may result in a poster and/or a manuscript

Target professional experiences

1. Participate in the CBT-SUD seminar and consultation series.
2. Co-lead therapy groups for Veterans at different stages of recovery from addictions (early recovery, middle and/or late recovery groups).
3. Provide individual psychotherapy for Veterans with addictions.
4. Actively participate in interdisciplinary team meetings.

Community Reintegration

Dr. Lisa Mueller; lisa.mueller@va.gov

One residency position is available in Community Reintegration. This track utilizes three innovative psychosocial rehabilitation programs at the VA Bedford HCS that are founded on the principles of recovery: Supported Self-Employment, Supported Education, and Supported Employment. Psychosocial rehabilitation with a recovery orientation is a broad concept that guides all VHA mental health service delivery (U.S. Department of Veterans Affairs, 2008) and recovery is the stated aim of VHA mental health services. For many Veterans achieving full potential means reaching their education and employment goals which are essential to full reintegration with their communities following demobilization, homelessness, or hospitalization. By supporting participation in the valued social roles of business owner, student, and employee we are thus promoting community integration.

Overlap between psychological services and Community Reintegration services

There are several psychological interventions that are consistent with community reintegration services. To name just a few, the use of motivational interviewing to enhance interest and confidence for change, the use of cognitive behavioral therapy techniques to identify thinking and behavior patterns that enhance and hinder Veterans' goals, and the use of client centered techniques to convey understanding of the Veterans' worldview and develop rapport. Together with these strategies, the unique aspects of community reintegration services are then added which include the use of assertive outreach and engagement strategies, the provision of community-based services, and the development of relationships with community partners, such as employers, schools, business owners.

Detailed description of programs

Supported Self-Employment (SSE): Approximately 25% of the Veterans participating in VHA Vocational Rehabilitation programs either have an interest in starting their own business or prior experience in self-employment. Self-employment key advantages over work for someone else, including greater autonomy and flexibility, a better match with specific vocational interests, potential for higher pay, and that being an entrepreneur/business owner is a valued role in American society. Alternatives to regular employment are needed because competitive employment rates in our transitional work program average 25% and job tenure is often short. Research suggested that this may be due in part to the fact that vocational rehabilitation often leads participants to enter jobs that are of low reward value (low pay, modest match to personal interests, low potential for advancement).

Jerry Pinsky, a social worker who had experience in business and entrepreneurship, designed the Supported Self Employment (SSE) Program to meet the needs of disabled Veterans who have an interest in self-employment. This model combines elements of supported employment with additional supports for self-employment. These include (i) business mentors: employers in the community willing to assist a new business owner, (ii) education and training: a three- to four-month training in a "street MBA" business plans, marketing, etc. called the Business Gym, and (iii) money management. Early graduates from the program formed a non-profit organization, the Veterans Business Owners Association (VBOA), to provide microloans and peer supports to disabled Veteran business owners. The VBOA is a key partner in all activities. Program outcome data are tracked by the New England MIRECC. Consistent with the micro-enterprise literature, the majority of business owners work part-time in their businesses. Successful participants reflect a wide range of diagnostic groups and demographics, as success appears to be more related to motivation than to clinical problem, gender or education. Successful business start-up rates for the SSE program were 52%, which was equivalent to Supported Employment competitive employment rates (50%)

and significantly better than transitional employment rates (25%). Qualitative data support the view that participation is highly energizing for Veterans with an interest in self-employment. Participants find the opportunity to pursue this goal to be a focus of their interest in returning to the community and motivate them to take a wide range of recovery-oriented steps. Business ownership skills also appear to generalize to life skills, enhancing psychosocial functioning more broadly.

The Community Reintegration fellow will have the opportunity to provide individual and group services to Veterans in the program, as well as coordinate services with clinical teams, community agencies, and business leaders. In addition, they would pursue program development on an identified area of interest within the program.

Supported Education (SEd): Despite the promise afforded by the Post 9/11 GI Bill, many Veterans with mental health conditions and co-morbidities such as substance abuse or Traumatic Brain Injury experience difficulty in achieving their educational goals. Veterans with disabilities are growing in number on college campuses (Vance & Miller, 2009). However, the American Council of Education (2009) reported that no campuses were planning on expanding services for students with disabilities, which include student Veterans with disabilities (Miller, 2011). Preliminary research suggests that individuals with mental health conditions may be better able to achieve education goals with the addition of SEd services (Rogers et al., 2012).

VA Bedford has created the 'Collaborative to Promote Educational Services for Veterans' with the mission of leading practice, research, and policy related to Veterans' successful engagement in and completion of post-secondary education. The Collaborative serves as the center for innovative clinical and research projects on this topic and as a clearinghouse for information with the goal of informing the policy of the Department of Veterans Affairs. Within the Collaborative, we have three clinical models of SEd including the self-contained classroom, the on-site model, and the mobile

model. In the self-contained classroom, Veterans work with providers to identify educational goals and needs, as well as community resources that will support taking steps towards education. For the on-site model, Veterans receive services on campus by VA providers to help them increase their effectiveness at school and negotiate reasonable accommodations. The mobile model combines elements from each of the other two. The Community Reintegration fellow will have the opportunity to explore and provide services to Veterans in each of these models as they construct their training experience. In addition, they would pursue program development on an identified area of interest within the program.

Supported Employment (SE): SE is an evidence-based practice that demonstrates clear advantages to other forms of vocational rehabilitation for adults with serious mental illness in over 15 controlled studies in a variety of settings. The major principles that describe SE include (a) competitive employment is the goal, (b) rapid job search, (c) integration of rehabilitation and mental health, (d) attention to consumer preferences, (e) continuous and comprehensive assessment, and (f) time unlimited support (Bond, 2004). Bond et al. (2008) summarized the results of eleven randomized clinical trials of SE programs. During a six- to 24-month period, an average of 23% achieved employment in traditional programs compared to an average of 61% of participants in SE. SE leads not only to higher rates of competitive employment overall, but it also leads to more hours worked and greater earned income. Studies have found that people with serious mental illness who worked competitively scored higher on measures of self-esteem, satisfaction with finances, leisure, and overall life satisfaction compared to those who worked little or not at all. SE arguably has one of the most solid research foundations of any rehabilitation program.

The VA Bedford HCS is unique in its offering of supported employment to Veterans beyond the target mental health conditions of schizophrenia, schizoaffective disorder, and bipolar disorder to include Veterans with posttraumatic stress

disorder, depression, traumatic brain injury, and co-occurring substance use disorders. We have a total of six vocational providers who work in Supported Employment and are attached to a variety of clinical teams.

The Community Reintegration fellow would have the opportunity to utilize both rehabilitation and psychotherapy principles and skills with Veterans on their caseloads. In addition, they would pursue program development on an identified area of interest within the program.

Target Professional Experiences

There are four main components to the Community Reintegration Fellowship.

1. First Program Placement: Direct service provision and program development in one of the three Community Reintegration Programs: Supported Self-Employment, Supported Education, or Supported Employment. (Estimated 15 hrs/week).
2. Second Program Placement: Direct service provision and program development in another of the Community Reintegration Programs: Supported Self-Employment, Supported Education, or Supported Employment. (Estimated 10 hrs/week).
3. Assessment: The Fellow will learn and acquire experience with the assessments relevant to Supported Self-Employment, Education, and Employment such as career and vocational interest, value, and skills assessments; assessments of resources and strengths, etc.
4. Research: The Fellow will work with researchers from the New England MIRECC on current research projects and/or independent projects of interest related to employment and education processes, programs, and outcomes.

Current research projects include: (a) motivational interviewing for enhancing entry and outcome in supported employment, (b)

participatory action research on the needs of OIF/OEF Veterans with PTSD who have a goal of returning to school, and (c) the impact of a neuropsychological and vocational intervention for Veterans with mild TBI on employment and education outcomes.

Learning Objectives

1. Knowledge of current and relevant research of Psychosocial Rehabilitation (PSR) and vocational rehabilitation practices
2. Know the definition of PSR and understand concept of recovery
3. Ability to work with Veterans to accurately determine and document Veteran's community reintegration goals
4. Ability to work with Veterans to accurately determine and document internal and external obstacles to Veteran's community reintegration goals
5. Ability to assess Veterans' need and readiness for change
6. Ability to integrate Veteran's goals, strengths and obstacles into a treatment agreement and an overall rehabilitation goal
7. Skill in assisting Veterans' understanding of their strengths and weaknesses in the context of their community reintegration goals
8. Effective implementation of PSR interventions to facilitate Veterans' new skills into community functioning
9. Ability to work with Veterans to determine ongoing assessment of progress and appropriate modification as necessary
10. Skill in facilitating Veterans' integration into the community through supported employment, supported education and supported self-employment.
11. Ability to work effectively with interdisciplinary providers who hold differing therapeutic orientations
12. Ability to speak clearly about the premises and practices of community reintegration and vocational rehabilitation
13. Ability to design and implement programmatic changes

Geropsychology

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One residency position is available in the Geropsychology track, with the goal to provide residents with a working knowledge and skillset for providing the best care practices to older Veterans, their families and related care systems. Rotations from four programs are included in this training experience: Community Living Centers, Hospice and Palliative Care Center (inpatient unit and hospital-wide palliative care team), Home-Based Primary Care Team (HBPC), and the Outpatient Geropsychology Clinic. Within these four major rotations there are seven major core competencies modeled following the Pike's Peak Model for Geropsychology Training (Theoretical/Conceptualization Skills, Psychological Assessment, Psychological Intervention, Consultation, Program Development and Evaluation, Clinical Supervision, and Teaching). The specific training plan will be developed with the assistance of a preceptor. The aim is to ensure attainment of general clinical competencies as well as specific competencies in geropsychology. The resident is taught to use evidenced-based treatment in planning and delivering services and will work with interprofessional teams that share decision-making, treatment planning, and treatment implementation responsibilities. Opportunities for research, program development, administration and teaching are available. The resident will have one half-day per week dedicated to research and/or an educational dissemination project. The resident will also participate in supervision of interns and/or practicum students and participate in a variety of teaching, educational and professional development activities (e.g., gerontology seminars and didactics) as well as receive training in supervision. Previous geropsychology experience is strongly preferred.

The full year geropsychology fellowship receives referrals for veterans and their families from the community living center (CLC), Geriatric Evaluation

and Management Unit (GEM) Hospice and Palliative Care Unit; Home Based Primary Care (HBPC) and the Mental Health Outpatient Clinic (MHC). The resident will work concurrently in three to four of these sites depending on interest and training goals.

The overall goals of the residency are to : 1) provide in-depth clinical evaluations for veterans and their families who are involved in long-term care, temporary inpatient care, home-based primary health care, palliative/hospice care and out-patient care; 2) to provide the most current evidenced-based treatments and interventions for older veterans and their families; and 3) to provide comprehensive training in the clinical aspects of geropsychology and understanding of the interaction between cognitive, emotional and physical challenges that accompany the aging process. This mission is accomplished through an integration of clinical, didactic and research/program development activities as listed below.

Clinical activities

The Geriatric and Extended Care (GEC):
Psychological services within the GEC are offered on six units of the hospital. Five of those units are designed as longer-term care or community living centers (CLC). The sixth unit is more of a shorter-term diagnostic unit and rehabilitation unit (GEM). Each of those units is approximately 30 veterans each. The fellow will be assigned to one to two of those units; but may see veterans on some of the other units due to transfers, continuity of care or special circumstances. The psychological services include but are not limited to evaluation, therapy and consultation. Evaluations consist of personality and basic cognitive assessment. Referral questions include general and baseline cognitive functioning, cognitive strengths and challenges, capacity issues, level of depression and anxiety, suicide assessment and PTSD. A geriatric neuropsychologist is available to do more in-depth neuropsychological evaluations. Treatment options available to veterans include individual therapy (cognitive behavioral, validation, hospice approach,

behavioral, seeking safety, motivational interviewing, and life review), group therapy (caregivers groups, positive psychology, reminiscence, sensory stimulation, smoking cessation, quality of life and chronic disease management etc.). Staff consultation around dealing with difficult behaviors using the evidenced-based STAR-VA is also available.

Home-Based Primary Care Psychology: The HBPC fellow provides clinical assessment and psychotherapy services for home bound veterans in the community. This is accomplished by assessment and psychotherapy services. The HBPC fellow will learn to utilize a variety of psychological assessment techniques to aid in the diagnosis of cognitive impairment and psychiatric conditions. Cognitive screening techniques are used to assess for presence, type and severity of dementia or other cognitive deficits; to establish a baseline track of decline or stage an existing dementia and to assist in treatment planning and patient and family education. Other psychological assessment techniques are used to screen for mental health issues such as depression, anxiety disorders and PTSD. An additional goal of the HBPC fellow is to share results of screening tools and assessments with other treatment providers to contribute to comprehensive approach to the veteran's treatment. The HBPC fellow conducts individual and couples psychotherapy services for veterans in their homes. Psychotherapy for veteran's coping with a variety of psychological, psychosocial, medical problems and issues of aging, such as loss of independence and end of life issues is provided using a variety of treatment modalities. Care giver education and support is also an element of this service.

Hospice and Palliative Care: The Hospice/Palliative Care fellow will work with Veterans with serious life-limiting illness enrolled in hospice and palliative care. The fellow will conduct individual, group, couples and family therapy focusing on the following issues: 1) psychological, sociocultural, spiritual and interpersonal factors in advanced life-limiting and terminal illness; 2) illness and the dying process; 3) normative and complicated experiences

of grief and bereavement; 4) assessment of specific issues common in Veterans with chronic life limiting terminal illness; 5) psychotherapy with Veterans who have chronic life-threatening or terminal illness focused on symptom (e.g. Pain, sleep disturbance) management and EOL issues; 6) anticipatory grief services for family members of palliative care and hospice Veterans; 7) provision of support services for professional caregivers experiencing compassion fatigue secondary trauma and/or grief; 8) bereavement services for family and loved ones of Veterans who have passed; 9) interface with other disciplines through interprofessional teams and consultation in multiple venues; and 10) understanding ethical and legal issues in providing palliative care and hospice services both in the community and within a long term care setting (both on specialized unit and mixed beds)

Geropsychology Outpatient Clinic: Individual and group psychotherapy opportunities to work with older Veterans and their families exist in our Outpatient Clinic. In some cases, fellows may have the unique opportunity to participate in a Veteran's care as the Veteran progresses through the continuum from outpatient to home-based to community living center and even hospice status.

Geriatric Psychiatric Unit (GPU): The mission of the 15-bed GeriPsych Unit is to respond to the behavioral health and mental health needs of aging Veterans. Although not one of the core intern training experiences, opportunities exist on the GeriPsych Unit for the fellow based on her or his interest and availability. Recent trainee activities have included developing and facilitating new groups as well as engaging in individual therapy tailored to working with older adult Veterans with diagnoses of severe mental illness, cognitive impairments and delirium.

Didactic Activities: Clinical experiences are supported by didactic seminars that include Geriatric Grand Rounds, monthly geriatric journal club, bimonthly Psychology Grand Rounds, Psychology Training Day as well as numerous interprofessional trainings within the Hospital.

Fellows will also attend trainings designated to the larger post-doctoral cohort such as Diversity and Supervision of Supervision.

Supervision: The resident will receive a minimum of 2.0 individual supervision and 1.0 group supervision per week. The fellow will also be expected to provide 1.0 supervision to at least one practicum student.

Learning objectives

1. To understand the biological, psychological and social aspects of normal aging.
2. To understand common medical and/or neurological problems, their interplay and how those issues effect psychological treatments.
3. To effectively facilitate a psychotherapy group with older adults
4. To effectively implement general as well as age specific evidenced based treatments
5. To verbalize understanding of end-of-life issues and utilize associated interventions.
6. To identify the complex ethical issues that arise in the care of the older adult.
7. To recognize the importance of interprofessional teams to address the complex treatment needs of the older individual
8. To understand the continuity of care for the older Veteran.
9. To be skilled in the psychological assessment of the older adult.
10. To be able to assess various risk factors and provide appropriate interventions
11. To be able to provide consultation to team members to incorporate geropsychology information into team treatment planning and implementation.

Target professional experiences

1. Carry a caseload of approximately 12-15 psychotherapy clients, providing a minimum of ten hours/week of individual treatment from 3 to 4 of the geriatric clinical experiences (CLC, outpatient, HBPC and Hospice/Palliative Care)

2. Co-facilitate a minimum of two psychotherapy groups related to one's particular area of clinical interest and needs of the veterans.
3. Collaborate with interprofessional trainees and faculty on at least one interprofessional team.
4. Provide consultation and outreach to staff and families in the CLC and/or Palliative Care unit.
5. Provide supervision to earlier-in-training psychology students
6. Determine specific clinic/program needs and modifications and to institute at least one innovative geriatric-based program.

Interprofessional Mental Health

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Six residency positions are available within three separate sub-tracks of the Interprofessional Mental Health track, resulting in two residents in each sub-track. Training within the interprofessional MH track offers all residents a breadth of opportunities to provide individual, couples, and group psychotherapy. A range of theoretical orientations and perspectives are represented in an overall integrative and recovery-oriented approach to psychotherapy. In addition, residents will have an opportunity to learn and implement at least one of the VAs Evidence-Based Psychotherapy protocols. All psychology interns and postdoctoral residents train within the Mental Health Clinic (MHC), and a range of clinical supervisors support student work within the MHC. Each resident will also function as a clinical supervisor for one practicum student and may co-facilitate a group supervision with all MHC practicum students. Regarding clinical work, each resident will carry a caseload of individual cases as well as co-facilitate one or more psychotherapy groups. Residents are afforded significant opportunity to tailor their clinical work in accord with their particular interests. Residents actively engage program development within the clinic (under the direction of the Service Line Manager for Mental Health, the Director of Psychology Training, and the Lead Psychologist for the MHC). Engagement in program development and research activities related to one's particular interests are also available.

The interprofessional Mental Health Clinic (MHC) is comprised of five interprofessional teams, affording residents collaborative contact with clinicians from psychology, nursing, psychiatry, and social work. Three lead psychologists are administratively engaged in various aspects of the clinic, particularly psychology student work.

Each of the six residents is assigned to one of the interprofessional teams. Residents, interns and practicum students all train and provide services within the Mental health Clinic (MHC) as well as selectively provide services out in the community and remotely via telemental health. Specifically to residents at the MHC and depends on their sub-track are expected to provide services 1-2 days per week in one of the VA clinics in the community or colleges in the area. Consequently, the MHC is a valuable source of training for psychology students generally, while specifically providing the resident with unique opportunities for clinical practice, research or program evaluation, clinical supervision, student mentoring, program development and administrative involvement.

Within the MHC, residents are afforded an opportunity to engage a variety of Veterans in both short- and longer-term individual and group psychotherapy. A range of psychological issues and severity are represented, including PTSD (combat and non-combat related), anxiety disorders, mood disorders, couples/family issues, and disorders of addiction, personality disorders, and SMI. Individual psychotherapy, both short and longer-term, is informed by an overall Veteran-centered and strengths-based approach to integrative therapy. A variety of time-limited psychotherapy groups are offered, (e.g., a CBT series, ACT for PTSD, a mindfulness series, positive psychology groups, and a series of PTSD skill development groups). All psychotherapy groups are co-led with either two psychology students or a psychologist supervisor and student.

On a clinical level, the MHC operates from an integrative psychotherapeutic orientation. In addition, a focus on strengths and recovery from a psychosocial rehabilitation is embodied in the overall approach of the clinic. Within this larger integrative orientation, an appreciation of and training in specific evidence-based psychotherapies (EBPs) is also a key component of training and practice within the program. On an organizational level, the principles and practices of effective interprofessional collaboration and practice is a key foundation of both the MHC and the larger

hospital. Specific didactics, grand rounds, and interdisciplinary dialogues support this hospital's ongoing evolution to an interprofessional model.

Residents are expected to conceptualize clinical cases broadly and from more than one perspective, and they are similarly encouraged to implement interventions thoughtfully from relevant therapeutic schools to best meet the presented clinical needs of a Veteran. Supervisors represent a range of theoretical and clinical expertise, including cognitive-behavioral, psychodynamic, humanistic, positive psychology, experiential, and transpersonal/integral orientations. Many supervisors also work from third-wave cognitive-behavioral approaches that emphasize mindfulness and acceptance. Many staff members have particular expertise in the treatment of PTSD, and a number of supervisors are trained in one or more EBPs for PTSD (primarily cognitive processing therapy and prolonged exposure), with both formal training and ongoing supervision available in these modalities. Staff also have training in a number of other EBPs relevant to care of the Veteran population.

While approximately 50-75% of the training experience is the same across the three IPMH sub-tracks, primarily involving one's direct clinical work and participation in one of the five interprofessional MHC teams, the remaining approximately 25% of one's training is somewhat unique to the specific sub-track. Regarding your application, you are welcome to outline how your particular background or interests match up with a particular sub-track or sub-tracks. However, all applicants to the MHC will be considered for all three of the sub-rotations during application review and subsequent interviewing and may receive an offer from more than one track on the notification date.

Administration and training

In collaboration with the lead psychologist in the MHC, two residents assume key administrative and program development responsibility with regard to psychology students providing services within the

clinic. In their role as MHC clinic assistants, each resident works directly with all psychology students (interns and practicum students), serving both as administrative supervisor and mentor for a large number of practicum students and interns. In this role, the two residents work closely together in overseeing and coordinating much of psychology student training within the MHC. The residents triage MHC referrals to trainees and assure that follow-up and other administrative requirements are completed. The two residents also co-facilitate a weekly group supervision for the psychology practicum students training within the MHC, wherein practicum students present their clinical cases for review and discussion with this resident-led supervision group. This sub-track is particularly well-suited for residents who wish to become involved in program administration related to psychology student training and development. Ample opportunities are present to function in mentoring and supervisory roles with earlier-in-training students.

Interprofessional education and program development

This sub-track within the Interprofessional Mental Health track focuses more attention upon the principles and practices of interprofessional training and practice. The two residents will have the unique opportunity to provide clinical services in one of the VA Community Based Outpatient Clinics (CBOC) at least one day per week. The two CBOCs that residents are assigned to are Haverhill and Lynn. This role allows the resident to provide therapy in a mainly primary care clinic and to practice their interprofessional and collaboration skills. Residents provide individual and group psychotherapy in a range of settings (e.g., VA hospital, CBOC), and have the opportunity to receive training and experience offering treatment via telemental health and VA Video Connect (VVC). The sub-track offers a unique opportunity to provide mental health care in the communities where Veterans live, work, and attend school. In addition to one's clinical and team work within the larger MHC, two residents form a student clinical team that usually consists of two social work

interns, a post-Master's nurse, and a psychiatry resident. This interdisciplinary student team works together with other interprofessional supervisors to engage program development activities within the larger MHC. The Service Line Manager for Mental Health, along with other supervisors within the interprofessional training program, provide guidance and supervision at all stages of the student's team project(s). This sub-track is particularly well-suited for residents who wish to immerse themselves in the conceptualization and practice of interprofessional care. Residents in this track will have ample opportunities to deepen their understanding, perspectives and skills with regard to the nature of interprofessional care in a large healthcare system.

Community intervention

This sub-track within Interprofessional Mental Health focuses upon improving access to mental health care for Veterans served by VA Bedford HCS. Residents work with an interprofessional team of mental health providers (psychology, nursing, social work, psychiatry, marriage and family therapy) to engage Veterans who are newly accessing mental health services, as well as Veterans enrolled in colleges and universities, as part of the Veterans Integration To Academic Leadership (VITAL) Initiative. Residents provide individual and group psychotherapy in a range of settings (e.g., VA hospital, colleges, etc.), and have the opportunity to receive training and experience offering treatment via telemental health and clinical video telehealth (CVT) to college campuses and in the home. The sub-track offers a unique opportunity to provide mental health care in the communities where Veterans live, work, and attend school. Residents are expected to provide MHC services 1-2 days per week from the different VITAL affiliated colleges in the area. All students in this sub-track also collaborate with key leadership, administrative, and supervisory staff in the Medical Center and affiliated institutions, to engage program development and outreach activities in the aforementioned settings. Like the Interprofessional Education sub-track, students within the Community Intervention sub-track will study and

apply the principles and practices of interprofessional care. This sub-track is particularly well-suited for residents who wish to work flexibly and engage community-based interventions and program development in emerging contexts for Veteran care.

Learning objectives

1. Accurately conceptualize overall client functioning from resident's primary psychotherapeutic orientation
2. Ability to conceptualize specific aspects of client functioning from other psychotherapeutic orientations
3. Effective implementation of interventions related to one's primary orientation to facilitate client's integration of new knowledge/skills into everyday functioning
4. Effective implementation of interventions related to other psychotherapeutic orientations to facilitate client's integration of new knowledge/skills
5. Ability to implement evidence-based practices
6. Ability to empathically join with the client and elicit necessary cooperation
7. Ability to recognize one's own as well as subtle feelings as they arise within the psychotherapy
8. Ability to respond effectively to the content (client's thoughts, feelings, and behavior) of the psychotherapy
9. Ability to target and work toward specific goals in collaboration with the client
10. Accurately diagnose according to DSM-5
11. Ability to incorporate client's dynamics, functioning, and treatment readiness in order to determine appropriate treatment considerations
12. Ability to effectively facilitate a psychotherapy group
13. Possess a clear integrated understanding of the range of clinical services and the relevance of each to a variety of clinical presentations
14. Demonstrate a clear understanding and sound application regarding the various protocols, procedures, and mechanisms within the program/clinic

15. Effectively model and teach relevant clinical theory and application to earlier-in-training psychology students
16. Demonstrate good judgment and common sense across a range of administrative situations
17. Ability to evaluate the various aspects of the clinic's interprofessional care in order to determine necessary program needs and modifications
18. Ability and initiative to design and implement programmatic changes
19. Ability to explain the roles of interprofessional mental health providers within the treatment team
20. Value and respect the contributions and expertise of other interprofessional mental health providers
21. Ability to effectively communicate and collaborate within an interprofessional team
22. Ability to effectively address interprofessional conflict
23. Understanding of the optimal principles and practices of high functioning mental health interprofessional teams to achieve positive outcomes with regard to Veteran clinical care and recovery
24. Ability to collaboratively contribute to interprofessional treatment planning and care
25. Demonstrate positive attitudes toward Veteran-centered care
- Ability to provide clear constructive feedback to the Training Director and supervisory faculty regarding the nature and structure of the interprofessional training experience
4. Provide consultation and outreach to clinicians and professionals across the medical center
5. Provide supervision to earlier-in-training psychology students
6. Determine specific clinic/program needs and modifications
7. Assume relevant administrative responsibility with regard to the functioning of one's MH subtract
8. Design and initiate program development activities, in collaboration with administrative staff and supervisors affiliated with one's subtract

Target professional experiences

1. Carry a caseload of approximately 12-15 psychotherapy clients, providing about 14 hours/week of individual treatment
2. Co-facilitate a psychotherapy group related to one's particular area of clinical interest
3. Collaborate with interprofessional trainees and faculty on an interprofessional MHC team to provide and promote Veteran-centered clinical care and recovery

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Interprofessional Primary Care Behavioral Health

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Three residency positions are available within the Primary Care Behavioral Health track, which involves active participation on the Primary Care Behavioral Health (PCBH) team. The PCBH mission is to integrate mental health services into the primary care setting in order to treat the person as a whole. The program is co-located in the primary care clinic and the team works collaboratively with the medical staff to deliver effective treatments of common mental health conditions as well as medical conditions with behavioral health components. The team consists of psychologists, a psychiatrist, a clinical nurse specialist, social workers, peer specialists and trainees in each of these disciplines. The program offers collaborative care at the highest level of integration; our model not only promotes joint relationships between mental health and primary care providers who share the care of the patients from their independent sessions, but also in a literal sense of working side by side to deliver services together such as in dual interviews or as co-facilitators in group medical appointments.

The Primary Care Behavioral Health (PCBH) program was established to reduce stigma related to mental health, and to promote the effective treatment of common physical and mental health conditions that are commonly presented in the primary care environment. The integrated program is based on a blended model that combines a care management approach for mental health and chronic medical conditions. This blended model helps enhance primary care's capacity to provide care and improve outcomes for a large population of primary care patients who present with both physical and mental health concerns. Our PCBH services are delivered by a large interdisciplinary team consisting of several psychologists, a psychiatrist, clinical nurse specialist, social worker, trainees in each of these disciplines (interns and residents), family medicine residents, and peer

specialists. In our integrated care model, the team is physically located in the primary care clinic, and team members are also integrated into the primary care patient aligned care teams (PACT). Co-location of mental health with primary care can minimize logistical and stigma-based barriers to treatment, and therefore improve access to care by increasing the likelihood of getting patients into treatment. Further, it promotes coordination of services between mental health and medical providers, which may generally improve quality of care.

Our program offers collaborative care at the highest level of integration. That is, our model not only promotes joint relationships between mental health and primary care providers, but our large team of interdisciplinary providers offers us the opportunity to work side by side in the delivery of services. This includes co-intakes and follow-up sessions with medication prescribers, inter-team warm handoffs for our various services, co-facilitating groups with different disciplines, and group medical appointments. Our team also has 3 family medicine residents that complete four-week rotations with our team to learn about integrated care, CBT, MI, and pain management. This allows our psychological trainees to have the unique opportunity to assist in the training of family medicine residents in our model of care, and to learn about common medical concerns presenting in primary care from our residents. Our team highly values cohesiveness and communication among our providers, which also allows for the opportunity to provide feedback to each other following co-visits.

The last major component of our program is support for self-management, one of the crucial components for effective treatment, based on the conceptual framework of Wagner's Chronic Disease Model. Self-management requires educating patients about their conditions, the availability of evidence-based treatments (including alternatives from among established treatments), the expectable benefits and risks, and the processes of care. It also requires that patients become partners in treatment planning, and that their values and preferences regarding alternative strategies for

care are honored when possible. This includes training in motivational interviewing for all of our trainees. With all of our services, our residents are able to become specialists in collaborative care, pain management, and weight management.

Below are further details on some of the components of our training track.

Warm handoffs

Post-doctoral residents each cover 1 to 2 half days of warm handoff coverage to primary care/week. For each ½ day of coverage, we also have staff back-up coverage to always ensure needed supervision is available.

Individual therapy

Post-doctoral residents follow a caseload of individual therapy cases in primary care for both physical and mental health concerns. PCBH tends to follow Veterans with mild to moderate level of symptoms, and then higher risk Veterans are referred to the Mental Health Clinic. Consultation to primary care: postdoctoral residents complete curbside consultations to primary care providers. Team members also join the various PACT pre-planning meetings, which allows our team to be fully integrated into the PACT groups.

Biofeedback

Biofeedback is a way to tune into the body's physiological response to stress, and to see how one's body is responding physiologically to relaxation and mindfulness coping strategies. When working with a medical population, biofeedback is a critical way to help individuals understand the importance of the mind/body connection. Biofeedback services are used both in PCBH and pain self-management.

Pain self-management

Post-doctoral residents will learn to complete Psychology pain evaluations, comprehensive

mental health evaluations, and engage in collaborative treatment planning with Veterans diagnosed with chronic pain conditions.

Individual therapy (chronic pain)

Post-doctoral residents will gain experience in providing individual therapy for Veterans with chronic pain conditions. Treatment may include Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), which is identified by VA as an Evidence Based Practice, as well as Acceptance and Commitment Therapy for Chronic Pain, Biofeedback, Motivational Interviewing, and interventions for chronic pain and comorbid mental health concerns such as joint treatment for pain and PTSD.

Pain school

Our chronic pain self-management group program was developed between psychology and other disciplines including pharmacy, rehabilitative services (occupational therapy), recreational therapy, and nutrition. The group is co-led by psychology and other specialties (listed above), which has shown to be more effective for addressing chronic medical conditions than usual care by PCPs only.

Interprofessional Pain Team

The Interprofessional Pain Team offers a holistic approach to pain management and provides recommendations to veterans and their primary care providers regarding their pain management care. This team includes an interventional pain management physician, physiatrist, pharmacist, psychiatrist, psychologist, peer specialist, and trainees from several disciplines. Pain Team provides consultative services based on meeting as a team directly with Veterans as well as recommendations based on chart review. The team is also responsible for completing Opioid Safety Initiative reviews for Veterans identified as being at high risk for experiencing an adverse event related to prescription opioid medications prescribed for treatment of chronic pain.

MOVE! Weight Management

MOVE! evaluations: Postdoctoral residents will learn to complete comprehensive mental health evaluations for weight management.

Individual therapy: Postdoctoral residents will gain experience in providing behavioral health strategies for weight management through the MOVE! program.

MOVE! class: Post-doctoral residents will have the opportunity to help facilitate a weekly MOVE! weight loss management class. This class is co-led with other disciplines including nutrition, pharmacy, and recreation therapy.

Diabetes management: Our post-doctoral residents assist with presenting in a diabetes self-management education group that is primarily led by a nutritionist, and with helping group members set SMART goals related to their diabetes care.

Pre-surgical evaluations: Trainees will learn to complete comprehensive pre-surgical mental health evaluations for Veterans seeking an organ transplant and bariatric surgery.

Whole Health: Whole Health is a mission of the VA system to help Veterans bring a mindful awareness to their values and lives. Trainees will co-facilitate a 9-week Whole Health group with our Whole Health peer specialists.

Mindfulness: Trainees will have ample opportunity to learn about mindfulness during the residency. Trainees have the optional opportunity to co-facilitate a weekly mindful moment to primary care or a 12-week mindfulness group for Veterans based off of core components of mindfulness-based stress reduction.

Training of family medicine residents: PCBH trains 3 family medicine residents each month while they complete 4-week rotations in our program to learn about mental health and pain management. This offers an amazing opportunity to both teach and learn from medical residents on our team.

Weekly peer consultation: Our post-doctoral residents and NP fellows rotate with providing weekly peer consultation to our family medical residents. This can range from discussing topics related to integration, providing peer consultation on cases, or educating the residents on areas of interest.

Learning from family medicine residents: Our family medicine residents also offer regular trainings to the rest of PCBH trainees on areas of interest related to the overlap of physical and mental health.

Champion in training of residents: During 2 rotations, our post-doctoral residents serve as a “champion” for one family medicine resident by learning about the types of cases they are interested, trying to have the residents shadow or complete co-visits for some of your Veterans, and debriefing about the sessions after.

Learning objectives

1. Understand the underpinnings of the various evidence-based models of integrated care.
2. Understand at advanced level how to work in the medical culture.
3. Conceptualize cases from mental health and medical perspective.
4. Develop and implement evidence-based programs for integrated care.
5. Proficiency in performing quick assessments within the primary care setting.
6. Proficiency in motivational interviewing in clinical work to promote engagement in treatment and/or health behavioral change.
7. Proficiency in delivering brief interventions for mental health conditions commonly seen in primary care setting.
8. Proficiency in delivering focused treatment for psychological factors related to medical conditions.
9. Proficiency in delivering care management for at risk mental health conditions.

10. Proficiency in providing care in dual fashion with primary care providers.
11. Acquire skill to work collaboratively with primary care providers with shared treatment plan and curbside consultations.
12. Demonstrate proficiency in flexibility to manage high caseload with short session durations within primary care setting (20–30-minute visit vs traditional 50-minute session).
13. Contribute on multidisciplinary medical teams from behavioral health perspective.
14. Ability to work as team member in primary care.

Target professional experiences

1. Manage primarily short-term cases with evidence-based brief interventions for common mental health and medical conditions in primary care clinic.
2. Develop and deliver groups for self-management of medical conditions and health behaviors.
3. Provide at least 5 co-visits with PCBH prescribers (psychiatrist, NP, NP fellow, and medical residents).
4. Maintain open access to primary care medical staff for warm hand-offs and curb-side consultation.
5. Effectively communicate with PCBH team and primary care staff to coordinate good care.
6. Provide consultation to Bedford and affiliated CBOC programs on principles of integrated care.
7. Identify relevant topics in primary care and present to primary care staff at least once.
8. Collaborate in dual fashion with peer specialists in PCBH and pain program.
9. Identify a need in the primary care system and develop at least one research or program development project for quality improvement.
10. Actively participate in weekly PCBH team meeting and primary care staff meetings.
11. Assume administrative duties in delivery and development of programs for PCBH.

Interprofessional Psychosocial Rehabilitation (PSR)

Dr. Andrew Peckham andrew.peckham@va.gov

Two psychology post-doctoral resident positions are available within the Interprofessional Psychosocial Rehabilitation track. The resident will become part of an interdisciplinary team of post-graduate fellows which may also include social work, nursing, psychiatry, vocational rehabilitation and/or occupational therapy. This training is part of a large VA training grant, which also includes eight other medical centers from around the country and represents VA's commitment to psychosocial rehabilitation and recovery. Each resident will select two programs to work in throughout the year. The primary placement will be a program that focuses on serving Veterans with serious mental illnesses. For the second placement, residents can choose from a variety of inpatient or outpatient programs. No specific emphasis is required for the second placement choice, and the options are designed to be flexible and offer the resident opportunities to pursue individual professional interests. The program placements provide the resident with an environment to learn and to apply the principles of psychosocial rehabilitation while working with an interdisciplinary team of experienced professionals. All fellows will provide recovery services to veterans with serious mental illness through the Program for Outpatient Wellness, Engagement, and Recovery (POWER). In addition, the resident will be actively involved in recovery-oriented assessments, program development, consultation, and educational dissemination regarding psychosocial rehabilitation within the medical center and nationally via conference presentations.

The overall goals of the residency are to provide training and clinical experiences for residents so that they become grounded in the principles and values of PSR and incorporate them into their work with Veterans. In addition, residents acquire knowledge of current PSR research and practices in order to become a skilled PSR practitioner capable

of promoting change in the VA system (to act as "agents of change").

There are four main components to the PSR Fellowship.

1. **First Program Placement:** Each resident has the opportunity to choose a primary placement in one of the programs that serves Veterans with serious mental illnesses. The possible placements include: 1) Community Residential Care (CRC); 2) the Mental Health Intensive Case Management (MHICM) Program which uses the Assertive Community Treatment model; 3) inpatient psychiatric services. (Estimated 10/15 hrs per week)
2. **Second Program Placement:** Each resident has the opportunity to choose a secondary mental health program placement to work, with approval from one's preceptor and the PSR Fellowship Committee. Residents' work in this placement must be recovery-oriented and focused on Veterans with more significant mental health disabilities. There are many possibilities for secondary program placements to choose from based upon the resident's professional interests. Here are a few examples: Compensated Work Therapy (CWT); Domiciliary; Programs and Services for Homeless Veterans (HCHV); Veterans Administration Supported Housing (VASH); Behavioral Addictions Clinic; and Crescent House, a transitional residence. (Estimated 10 hrs/week).
3. **Program for Outpatient Wellness, Engagement, and Recovery (POWER):** All fellows will carry a small caseload of veterans receiving services through this outpatient program for veterans living with serious mental illness. (Estimated 5 hrs/week).

Group Project—program development/evaluation & education dissemination: All the PSR residents will work together throughout the course of the fellowship year on a program development or program evaluation project. The residents will be

given projects to choose from or may develop their own project idea with approval from the PSR Fellowship Committee. A final, written report of the project, including lessons learned, will be submitted to the PSR Fellowship Committee. Past education dissemination efforts have included presentations about the group projects at the Psychiatric Rehabilitation (PRA) annual conference and presentations of project evaluation results to the hospital's program managers and staff of recovery-oriented programs. (Estimated 2-3 hrs/week).

Residents are afforded considerable flexibility to design and implement clinical and/or programmatic changes toward the goal of greater enactment of psychosocial rehabilitation principles and practice. Residents are seen as "change agents" within the medical center's psychosocial rehabilitation-oriented programs. As such, they often engage in consultation, program evaluation, and program development in their individual placements. In addition, the residents are actively involved in program development, consultation, and educational dissemination regarding psychosocial rehabilitation within the larger medical center and nationally via conference presentations.

Learning Objectives

1. Knowledge of current and relevant research of PSR practices
2. Knowledge of the signs and symptoms of serious and persistent mental illnesses
3. Understanding of the interaction of biological, social, and environmental factors in mental illnesses
4. Knowledge of the definition of PSR and concept of recovery
5. Ability to conceptualize issues of choice and risk as related to the PSR model
6. Accurately conceptualize overall client functioning from a PSR-oriented recovery model
7. Ability to assess Veterans' readiness for change
8. Ability to assess Veterans' working alliance with practitioners
9. Skill in assisting Veterans to develop rehabilitation readiness
10. Ability to integrate Veterans' goals, strengths and obstacles into a treatment agreement and an overall rehabilitation goal that is documented
11. Skill in assisting Veterans' understanding of their strengths and weaknesses in the context of their recovery goals
12. Ability to collaborate with Veterans in the development and pursuit of specific goals
13. Effective implementation of recovery/PSR interventions to facilitate Veterans' new skills into everyday functioning
14. Ability to work with Veterans to determine ongoing assessment of progress and appropriate modification as necessary
15. Skill in facilitating Veterans' integration into the community
16. Skill in assisting Veterans to explore service options and match Veterans with system resources, including entitlement and benefit programs, and legal and advocacy resources as needed
17. Ability to identify opportunities for transition of services
18. Skill in providing group therapeutic services from a PSR framework
19. Ability to teach necessary skills to overcome cultural barriers and stigma
20. Understanding of institutional dependency and helping Veterans overcome barriers to living in less restrictive environments
21. Ability to provide useful information on result of work with Veterans to other treatment team members
22. Ability to work effectively with interdisciplinary providers who hold differing therapeutic orientations
23. Ability to speak clearly about the premises and practices of PSR to Veterans and staff
24. Skill in advocating for PSR principles and negotiating Veterans' needs with stakeholders for the benefit of the Veterans
25. Ability to design and implement programmatic changes

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Intimate partner violence

Dr. Josh Berger; joshua.berger3@va.gov

One residency position is available in the Intimate Partner Violence (IPV) track. This position provides the resident with the opportunity to be part of innovative clinical work and programming to assist Veterans who have used and/or experienced aggression in relationships. There is a strong emphasis on use of Veteran-centered, strengths-based treatment from a psychosocial rehabilitation perspective. The postdoctoral fellow will engage in direct clinical care; consultation; clinic administration; outreach and education; and program evaluation/development.

Specifically, the fellow will further the four goals of the IPV program:

1. Primary prevention of IPV through promotion of healthy, respectful relationships and working toward the reduction of social and economic disparities that contribute to risk of IPV (CDC, 2010).
2. Consultation and training for clinical and support staff related to prevention, screening, and treatment of IPV.
3. Assessment and treatment of Veterans who have and/or are currently *experiencing* and/or *using* IPV.
4. Education and outreach around IPV, both within the VA and the broader community.

The IPV fellow will also participate in a minor rotation in the outpatient Mental Health Clinic Recovery Services where they will be embedded in one of the Behavioral Health Interdisciplinary Teams (BHIP).

Veteran and military families are at increased risk for intimate partner violence (IPV). The stressors posed by military life, such as frequent moves, financial stress, and potential exposure to violence,

are all factors associated with increased the likelihood of violence occurring in the home. In addition, there is a higher incidence of diagnoses associated with IPV, e.g., PTSD and substance abuse, in the veteran community. Due to this increased risk level, the Department of Veterans Affairs has designated funding and staffing to treatment of individuals impacted by IPV.

The Safing Center was established at VA Bedford HCS as a specialty mental health clinic focused on treatment and prevention of intimate partner violence. Staff in the Safing Center have been involved in supporting the development of the National IPV Assistance Program since 2011. One goal of the Safing Center has been to develop innovative clinical programming to assist Veterans who are at risk for using and/or experiencing IPV, positioning our clinic as a particularly well-resourced and unique program within the VA healthcare system.

The Safing Center primarily focuses on clinical treatment, providing individual, couples, and group therapy for veterans and their partners struggling with current or past IPV. Additionally, the Safing Center provides outreach and psychoeducation to staff and veterans at ENRM Veterans Hospital and the broader community on topics such as IPV screening; risk assessment and safety planning; documentation; veteran-specific considerations for individuals who use and/or experience IPV; and prevention through promotion of healthy relationship skills.

There are four primary domains to the IPV fellowship:

IPV screening and assessment

Intakes within the Safing Center include screening and assessment of IPV risk and severity, as well as assessment of associated risk and protective factors. Through the use of empirically supported measures and a structured clinical interview, the fellow will gain competency in conducting comprehensive IPV intakes and risk assessments

that are used to guide treatment planning and interventions.

Individual, couples, & group counseling

The resident will be trained in the provision of trauma informed and evidence-based treatment for individuals that have used IPV, experienced IPV, or both. Individual and couples cases are referred from other programs within the hospital (e.g., Veteran's Justice Outreach, Primary Care, Outpatient Mental Health, Addictions, Women's Health Clinic) and community stakeholders. The resident will also provide group therapy or psychoeducational groups targeting promotion of healthy relationship skills and prevention and recovery from IPV.

Staff consultation

Often, individuals who have used or experienced IPV are hesitant to disclose due to a variety of factors (e.g., stigma, shame, fear of legal or custodial repercussions). Our clinic provides private and confidential support to staff, veterans, and loved ones related to relationship problems and concerns about IPV. The fellow will have the opportunity to provide consultation to trainees, staff, veterans and their loved ones with regards to a range of relationship concerns

Training and education

The resident will engage in training and outreach for trainees and staff members toward raising awareness about IPV prevalence and veteran-specific considerations in screening, assessment, conceptualization, and intervention. In addition, there is the option of engaging in program evaluation and development in the Safing Center.

Secondary rotation

The IPV fellowship also includes a minor clinical rotation in the outpatient Mental Health Clinic (MHC). This provides the fellow the opportunity to provide treatment in the context of an interdisciplinary treatment team that includes staff

and trainee members of psychology, social work, psychiatry, and nurse practitioners. The MHC provides treatment for a wide range of diagnoses and associated life factors.

Learning objectives

1. Working knowledge of current and relevant research on IPV prevention, assessment, and treatment
2. Working knowledge of psychosocial recovery and strengths-based approaches to IPV intervention and treatment
3. Ability to screen and assess for the signs and symptoms of IPV use and experience
4. Accurately conceptualize overall client functioning from resident's primary psychotherapeutic orientation and other salient psychotherapeutic orientations
5. Accurately conceptualize overall client functioning from a PSR-oriented recovery model
6. Ability to identify and attend to the relational process in psychotherapy
7. Ability to respond effectively to the content (client's thoughts, feelings, and behavior) in psychotherapy
8. Ability to empathically join with the client
9. Ability to target and work toward specific goals in collaboration with the client and effectively implement clinical interventions for treatment of IPV-related issues.
10. Ability to effectively facilitate a psychotherapy group focused on IPV
11. Ability to work effectively with interdisciplinary providers who hold differing treatment orientations
12. Skill in outreach and education around IPV awareness, assessment, and treatment
13. Ability to design and implement programmatic changes
14. Ability to provide consultation to other staff members regarding IPV

Target professional experiences

1. Carry a caseload of approximately 8-10 psychotherapy clients in the Safing Center and 4-6 clients in the Mental Health Clinic Recovery Services (MHCRS), providing a minimum of 10 hours/week of psychotherapy through various modalities
2. Co-facilitate weekly group therapy in the Safing Center and MHC (e.g., Strength at Home, healthy relationship promotion, etc.)
3. Attend and participate in weekly Safing Center and MHC team meetings
4. Provide consultation and outreach to providers, trainees, and staff across the hospital and broader community
5. Participate in events to promote healthy relationships and IPV awareness throughout the hospital and community
6. Provide brief and in-depth trainings across programs throughout the hospital to increase awareness and knowledge of IPV among Veterans
7. Participate in needs assessment; program evaluation and development; and/or research within the Safing Center

Lesbian, Gay, Bisexual, Transgender, Queer And Questioning (LGBTQ) Interprofessional Fellowship

Dr. Stephen Gresham;
stephen.gresham2@va.gov

One residency position is available in the LGBTQ Interprofessional Care track, which is a unique opportunity within VHA to work primarily with lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) Veterans. The postdoctoral fellow will engage in direct clinical care (individual, couples, group), program development, supervision, outreach/training, and research/program evaluation.

This work will take place in the Mental Health Clinic Recovery Service (specialty mental health), the Behavioral Addictions program, and in collaboration with MIRECC (e.g., peer-provider program). Through education, outreach, and advocacy, the fellow will further the larger goal of changing the culture of the VA to incorporate affirmation of LGBTQ identities. Through direct provision of clinical services and supervision of a practicum student, the fellow will further the goal of providing competent and LGBTQ-affirmative mental health services to our Veterans. Trainings tailored to those goals will be provided to the fellow throughout the training year, to cultivate a clinical specialization in providing care to LGBTQ communities and in working in interprofessional settings. Previous experience with LGBTQ communities is preferred.

The LGBTQ Interprofessional fellowship seeks to provide the fellow with the opportunity to provide individual and group direct service provision to LGBTQ Veterans in multiple interprofessional contexts, including specialty mental health and behavioral addictions. The fellow provides outreach to LGBTQ Veteran communities, conducts program development focused on improving the healthcare experience of LGBTQ Veterans, and develops and presents trainings to increase the knowledge, skill,

and awareness of other providers in the VA Bedford HCSMC system.

The LGBTQ Interprofessional fellowship will be led by Dr. Stephen Gresham, PhD, (Co-Associate Director of Training for Psychology, LGBT Special Emphasis Program Manager, Transgender Veteran Liaison, VISN 1 LGBTQ Veteran Care Coordinate Lead, and Mental Health Clinic Staff Psychologist). Supervisors include Dr. Kevin Henze, Ph.D. (Domiciliary Staff Psychologist), Dr. Garret Sacco, Ph.D. (Behavioral Addictions and Mental Health Clinic Staff Psychologist), and Valene Whittaker, Ph.D. (Military Sexual Trauma Coordinator and Mental Health Clinic Staff Psychologist).

The LGBT fellowship includes the following components:

Specialty Mental Health

The fellow will be a member of an interprofessional mental health team in the outpatient clinic. The fellow will have opportunities for collaboration and consultation with members of their team and will build skills in interprofessional work. The fellow will receive LGBTQ-focused referrals and clinical opportunities for individual and group therapy. Additionally, referrals will also be received from members of their mental health clinic team. During the training year, the fellow will facilitate 1 group for the LGBTQ Veteran community (LGBTQ Well-Being Group) and will have the opportunity to start other groups of interest. Fellows will learn about Cross-Sex Hormone Readiness Evaluations and, depending on the availability, will have the opportunity to conduct a readiness evaluation.

Behavioral Addictions Clinic

Through this clinic, the fellow will have the opportunity to provide individual therapy with clients struggling with behavioral addictions (e.g., gambling, compulsive sexual behaviors, binge eating disorder, etc.). Additionally, the fellow will facilitate group psychotherapy using Mindfulness-Based Relapse Prevention and psychoeducation/motivational interviewing

approaches. Varied opportunities (e.g., research, program development, clinic administration) are available which the fellow may access to further training and professional goals. The fellow will also collaborate with Dr. Sweeney around community outreach opportunities focused on Veterans' sexual health and identity-related concerns.

Outreach

The fellow will have the opportunity to participate in varied hospital committees that will enable the fellow to be aware of the various outreach activities, disseminate information regarding LGBTQ services, address consultation needs across the hospital, and to target activities throughout the year to LGBTQ Veterans.

Program Development

The fellow will work to actively promote education and competence through program development. These include: Safe Zone, Transgender Day of Remembrance, National Coming Out Day, LGBT Health Awareness Week, and Boston PRIDE for example. Additional program development opportunities may be available depending upon the interest and abilities of the postdoctoral fellow.

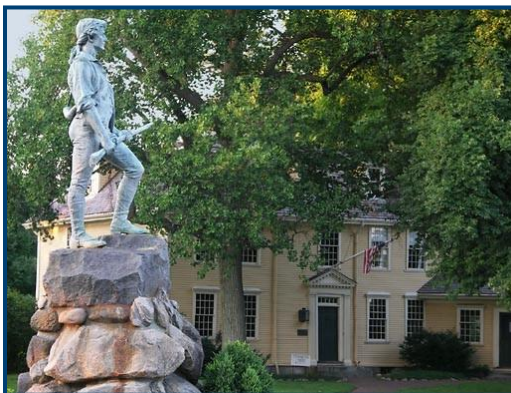
Learning Objectives

1. Knowledge of mental healthcare needs of Veterans.
2. Knowledge of mental healthcare needs of sexual minorities and transgender Veterans.
3. Proficiency in performing gender dysphoria assessments and evaluations of readiness for cross-sex hormone treatment.
4. Knowledge of empirically-based treatment approaches for recovery from PTSD.
5. Ability to coordinate mental health treatment within an interprofessional team.
6. Skill in providing education and process-approach group therapy to LGBTQ Veterans.
7. Skill in providing education to other providers about working with LGBTQ Veterans.

8. Skill in delivering outreach to LGBTQ communities within our catchment area.
9. Proficiency in delivering mental health treatments to Veterans with comorbid mental health and substance use disorders as well as chronic health conditions.
10. Proficiency in carrying out research and program development focused on the provision of care to LGBTQ Veterans.
11. Build awareness of their own countertransference when working with LGBTQ Veterans.
12. Develop skills on the assessment and treatment of addictive behaviors and other-occurring issues with LGBTQ Veterans.
13. Build skill at advocating for LGBTQ Veterans within their various systems.
14. Ability to use VA resources (particularly SharePoint sites and CPRS consult system) to meet the needs of Veterans.
15. Develop familiarity with the local and national VA policies related to LGBTQ Veterans.

Target Professional Experiences

1. Conduct gender dysphoria diagnostic assessment.
2. Conduct assessment for readiness of cross-sex hormone interviews.
3. Facilitate therapy groups for LGBTQ Veterans.
4. Provide short or longer-term identity affirming therapy for LGBTQ Veterans through outpatient mental health.
5. Provide outreach to LGBTQ Veteran communities.
6. Provide education via one or more presentations to mental health staff.
7. Participate on interprofessional teams.
8. Assume select administrative duties for the LGBT Services consult system.
9. Program development and/or research activities focused on LGBTQ Veteran health.
10. Assist in planning and coordinating events for National Coming Out Day, Transgender Day of Remembrance, and LGBTQ Pride, either on-campus or with Veterans in the community.



Psychology Training Staff



Victoria Ameral, PhD Clinical Research Psychologist, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)
Doctoral Program: Clinical Psychology (PhD), Clark University
Predoctoral Internship: Addictions & Co-occurring Disorders Track/Women's Trauma & Recovery Team, VA Boston HCS
Postdoctoral Fellowship: Interprofessional Advanced Addiction Fellowship, VA Boston HCS

Dr. Ameral's research focuses on the development of recovery-oriented treatments for opioid use disorder, including Acceptance and Commitment Therapy approaches for supporting early recovery. She also conducts work evaluating addiction treatment outcomes in naturalistic settings and examining the role of co-occurring trauma in addiction recovery. A lifelong Massachusetts resident, she enjoys beach trips, hiking, snowshoeing, and learning about meteorology.

Richard Amodio, PhD Director of Psychology Training; Clinical, Assistant Professor, Psychiatry, Boston University School of Medicine
Doctoral Program: Clinical Psychology (PhD), University of Cincinnati
Predoctoral Internship: VA Boston HCS

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Postdoctoral Fellowship: N/A

Dr. Amodio's specialties are in the areas of experiential and awareness-based psychotherapy, integrative psychotherapy, and integral perspectives on healing and human development. In his free time, he enjoys family activities, mountain biking with his son, and being in nature on wheels and foot.

Amy Bachand, PhD Staff Psychologist and Primary Care Health Behavior Coordinator

Doctoral Program: Clinical Psychology (PhD), Louisiana State University
Predoctoral Internship: Medical Psychology, Boston Consortium in Clinical Psychology
Postdoctoral Fellowship: Research Fellow in Psychology Pain Management and Medical Informatics, VA Boston HCS

Dr. Bachand's clinical and research interests are in Behavioral Medicine, with specific interests in health promotion, weight management, diabetes management, pain management and stress management utilizing cognitive behavioral therapy and mindfulness-based techniques. When she is not chasing after her two young children, Amy enjoys photography, sports and being outside.

Kate Bartels, PsyD Staff Psychologist, Veterans Integration to Academic Leadership (VITAL)

Doctoral Program: Clinical Psychology (PsyD), Women James College
Predoctoral Internship: Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH - Community Intervention, VA Bedford HCS

Dr. Bartels' clinical interests include dual diagnosis, anxiety, and interpersonal difficulties. She is a trained provider in Cognitive Behavioral Therapy for Insomnia. Dr. Bartels utilizes an integrative approach to treatment that incorporates Cognitive Behavioral Therapy, Motivational Interviewing, and Positive Psychology interventions. Outside of work, she enjoys spending time with her family and friends, playing volleyball, traveling, and watching true crime documentaries.

Joshua Berger, PhD Staff Psychologist, Mental Health Clinic and Safing Center

Doctoral Program: Clinical Psychology (PhD), Clark University
Predoctoral Internship: VA Syracuse HCS
Postdoctoral Fellowship: Trauma Recovery Services, VA Providence HCS

Dr. Berger is a psychologist in the Mental Health Clinic and the Safing Center. He has previously conducted research on intimate partner violence, civilian readjustment following deployment, and on the psychology of men and masculinity. His clinical interests include trauma, depression, and anxiety disorders, in addition to relationship functioning and couples' therapy. His approach to therapy incorporates a Veteran centered, recovery based, and interpersonally focused approach,

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incorporating mindfulness based and evidence-based practices. He has completed VA training in Acceptance and Commitment Therapy for Depression (ACT-D), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Therapy for Insomnia (CBT-I). He is also a consultant for the national CBT-I training program. Outside of work, he enjoys spending time with friends and family, enjoying his soccer fandom, and exploring the wonders of New England.

Lisa Bloom-Charette, PhD, ABPP	Staff Psychologist and Clinical Gerontology Specialist, Community Living Centers; Clinical, Assistant Professor, Psychiatry, Boston University School of Medicine
Doctoral Program:	Clinical Psychology (PhD), Nova Southeastern University
Predoctoral Internship:	Inpatient/Mental Hygiene Tracks, Brockton VA, VA Boston HCS
Postdoctoral Fellowship:	Arbour Geriatrics

Dr. Bloom-Charette is a staff geropsychologist in the Community Living Center (CLC) and Geriatric Evaluation and Management Unit (GEM). She has been Board Certified in Geropsychology since 2017. She is also on the faculty at the Boston University School of Medicine. Her clinical and research interests include substance abuse in the elderly, effects of COVID-19 upon the CLC, geropsychology training models, life review; and helping staff deal with residents' difficult behaviors using STAR-VA. She is the co-editor of the book, Enhancing the Quality of Life in Advanced Dementia. She enjoys skiing, hiking, and kayaking in the White Mountains where she manages an Airbnb.

Rachelle Calixte, PhD	Recovery Services Manager for Peer Support and Mental Health Intensive Case Management (MHICM) Programs; Local Recovery Coordinator
Doctoral Program:	Clinical Psychology (PhD), American University
Predoctoral Internship:	Connecticut Valley Hospital – Whiting Forensic Institute and River Valley Services
Postdoctoral Fellowship:	Interprofessional Fellowship in Psychosocial Rehabilitation, VA Bedford HCS

Dr. Calixte is a clinical psychologist specializing in Veterans' recovery and community reintegration. As the Recovery Services Manager for the Peer Support and Mental Health Intensive Case Management (MHICM) programs, she values providing recovery-oriented services that target recovery in functioning. She also serves as the Local Recovery Coordinator and promotes program development and evidence-based interventions for Veterans with serious mental illness (SMI). She is a faculty member in the Psychosocial Rehabilitation (PSR) and Community Reintegration training programs. Her research and clinical interests include serious mental illness, multicultural frameworks, and reducing barriers to mental and physical health care. She is also an avid fan of all of the Boston sport teams and she routinely schedules her year around playoffs.

Anna Cassel, PhD	Staff psychologist, Primary Care Behavioral Health
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Doctoral Program:	Clinical Psychology (PhD), University of Maine
Predoctoral Internship:	Health Psychology Track, VA Maryland Health Care System
Postdoctoral Fellowship:	Primary Care Behavioral Health, VA Bedford HCS

Dr. Cassel is supervisor in the Primary Care Behavioral Health program. She specializes in working with pain self-management, diabetes management, insomnia, and other chronic medical conditions. Her approach to therapy includes cognitive behavioral therapy, acceptance and commitment therapy, mindfulness, and biofeedback. Though her free time is often consumed with taking care of her young daughter, Dr. Cassel loves spending time with family & friends, kayaking, spending time outdoors, and traveling.

Gregory Dayton, PhD	Staff Psychologist, Compensation & Pension Clinic
Doctoral Program:	California School of Professional Psychology-Fresno
Predoctoral Internship:	University of Texas Health Science Center at Houston Medical School

Dr. Dayton is a staff psychologist conducting Compensation and Pension evaluations (i.e., disability exams) for mental health disorders including PTSD, anxiety, depression, and other conditions claimed to be related to service. Dr. Dayton has worked in the compensation and pension program most of his VA career, although his first VA job- and for nineteen years in the private sector before that- was as an outpatient therapist. Outside of work, he enjoys the outdoors, the arts, travel, and hanging out with his wife, a psychologist he met in graduate school over thirty years ago.

Kristen Dillon, PsyD, ABPP	Staff Geropsychologist, Hospice & Palliative Care and Community Living Centers, VISN 1 Geriatric Mental Health Champion
Doctoral Program:	Clinical Psychology (PsyD), William James College
Predoctoral Internship:	Roger Williams University Consortium
Postdoctoral Fellowship:	Geropsychology, VA Bedford HCS

Dr. Dillon's research and clinical interests include anticipatory grief, ambiguous loss, caregiving, bereavement, existential concerns, and older adults with serious mental illness. She is also interested in the impact of death and dying on Veterans and families, including family dynamics and PTSD. She was trained in Meaning Centered Psychotherapy through Memorial Sloan Kettering Cancer Center. She is board certified in Geropsychology through the American Board of Professional Psychology and the VISN 1 Geriatric Mental Health Champion. In her spare time, Dr. Dillon enjoys spending time with her husband and two daughters, singing, playing the guitar and being around people who make her laugh. She also enjoys hiking and is currently a few hikes away from completing all of NH's 48 mountains over 4,000 feet. Learn more about Dr. Dillon's professional interests and about Geropsychology on Instagram [@goldengeropsychgirls](#) and Twitter [@DrDillon_Gero](#)

Patricia Elisnord-Ehiabhi, PsyD Staff Psychologist, Domiciliary Program

Doctoral Program: Clinical Psychology (PsyD), Springfield College
Predoctoral Internship: Friends Hospital
Postdoctoral Fellowship: Addictions and Recovery Track, VA Bedford HCS

Dr. Patricia Elisnord-Ehiabhi training focuses on diversity, social justice, and addiction recovery. Her clinical experiences include individual and group work with culturally diverse youth, college students, and adults and inpatient and outpatient settings. Her primary research interest examines racial microaggressions and academic setting. Outside of work, she enjoys spending time with her friends and family, traveling, watching Sci-fi movies, camping, and fellowshiping with her church family.

Tracey Gagnon, PhD Staff Psychologist, Pain Section and Primary Care Behavioral Health
Program Director, Interdisciplinary Pain Outpatient Program
Technical Assistant, Center for Integrated Healthcare
Doctoral Program: Clinical Psychology (PhD), University of Kentucky
Predoctoral Internship: VA Northern California HCS
Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Gagnon is a supervisor in the Primary Care Behavioral Health and Addiction training tracks. Her clinical and research interests are in Integrative and Behavioral Medicine with a specialty in the treatment of chronic pain conditions. Her approach to treatment is integrative, incorporating Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, and Biofeedback. Outside of work, she enjoys spending time with her husband and two sons, catching a show at the Boston Opera House, and practicing yoga.

Stephen L. Gresham, PhD Staff psychologist, Mental Health Clinic; Co-Associate Director of
Psychology Training; Lesbian, Gay, Bisexual, and Transgender (LGBT)
Special Emphasis Program Manager; Transgender Veteran Liaison
Doctoral Program: Counseling Psychology (PhD), University of Wisconsin
Predoctoral Internship: Albany Psychology Internship Consortium
Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Gresham's clinical interests include working with trauma, sexual orientation and gender identity concerns, as well as mood and anxiety disorders from an integrated perspective. Dr. Gresham is interested in multicultural programming and training, increasing the quality and availability of services to underserved and marginalized populations, and improving the availability of culturally informed providers. Dr. Gresham has a special interest in working with Black/African-American, as well as LGBTQ clients. [Learn more about Dr. Gresham's insights on the intersections between yoga, mental health, and antiracism here.](#)

Shehzad Jooma, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Baylor University
Predoctoral Internship: Outpatient Psychotherapy Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Jooma’s research interests center on the psychology of men and masculinity. His clinical interests include trauma, mood disorders, grief and loss, and various forms of anxiety disorders (including PTSD, OCD, and phobias), using interpersonal and emotion-focused frameworks as well as evidence-based treatment models. He is formally trained in Prolonged Exposure, Cognitive Processing therapy, Integrative Behavioral Couples Therapy, and Acceptance and Commitment Therapy for Depression. His clinical background also includes work with children and adolescents. Outside of the VA, he consults with an organization that delivers social services and culturally sensitive support to Muslims in the United States and has recently consulted with international organizations to identify and implement clinical interventions for children and parents in war-torn countries. Interests old and new include chasing around his 1-year-old daughter, yard-saling, instantpotting, and various outdoor activities.

Chivi Kapungu, PhD Staff Psychologist, Mental Health Clinic; Senior Lecturer, M.I.T.
 Departments of Women and Gender Studies and Brain Cognitive Sciences

Doctoral Program: Clinical Psychology (PhD), University of Massachusetts, Boston
Predoctoral Internship: Beth Israel Medical Center (Manhattan, NY)
Postdoctoral Fellowship: Interprofessional Fellowship in Psychosocial Rehabilitation, VA Bedford HCS

Dr. Kapungu currently supervises the Supportive Education for Returning Veterans programs which provides consultation to Historically Black Colleges. She also collaborates with VITAL, a program which provides outreach and support for veterans attending local colleges. Her clinical and research interests include cross-cultural sequelae and recovery from traumatic exposure in humanitarian conflict settings. Adventure travel is a passion, with Vietnam, Bali, Greece, and Zimbabwe (home) being the most memorable and life changing places to visit.

Megan Kelly, PhD Co-Director and Bedford Site Director, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC); Associate Professor of Psychiatry, University of Massachusetts Medical School

Doctoral Program: Clinical Psychology (PhD), University at Albany, State University of New York
Predoctoral Internship: Greater Hartford Clinical Psychology Internship Consortium
Postdoctoral Fellowship: Clinical Research Fellowship, Mood Disorders Research Program, Alpert Medical School of Brown University

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Dr. Kelly's current research involves VA- and NIH-funded studies of novel psychosocial and mHealth tobacco cessation interventions for Veterans with mental health disorders. Dr. Kelly is also involved in the research and implementation of organizational change interventions for addressing tobacco use in mental health settings. In addition, Dr. Kelly's research focuses on the development of innovative treatments to improve the community reintegration of Veterans with mental health disorders.

Malissa Kraft, PsyD, ABPP-CN Clinical Neuropsychologist

Doctoral Program: Clinical Psychology (PsyD), Wheaton College
Predoctoral Internship: Neuropsychology Track, VA Bedford HCS
Postdoctoral Fellowship: Neuropsychology/Geropsychology Track, VA Boston HCS

Dr. Kraft oversees inpatient neuropsychology services throughout the hospital. She co-leads a Decision-Making Capacity clinic. She also oversees a tele-neuropsychology clinic serving geriatric veterans throughout New Hampshire and Vermont. Dr. Kraft's clinical and research interests include geriatric neuropsychology and integrating telehealth technology into providing ongoing care for aging veterans with dementia. In her free time, she enjoys being with her family and spending time outdoors as much as possible—hiking, running, gardening, and beekeeping.

Stacey Larson, PsyD, JD Staff Psychologist, Compensation & Pension Program

Doctoral Program: Clinical/Forensic Focus (PsyD), Widener University – Institute for Graduate Clinical Psychology; Widener University – Delaware Law School (JD)
Predoctoral Internship: Keystone Center (Chester, PA); Intake and Assessment Unit, Delaware Department of Child Mental Health,
Postdoctoral Fellowship: N/A

Dr. Larson is a staff psychologist providing Compensation and Pension (disability benefits) evaluations with military veterans when veterans claim mental disorders related to their military service. Mental health claims frequently evaluated include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. She is also interested in the intersection of law and psychology (HIPAA, informed consent, competency), ethical issues, and risk assessment.

Jonathan Lee, PhD Staff Psychologist and Clinical Lead, Tobacco Cessation Program

Doctoral Program: Clinical Psychology (PhD), Suffolk University
Predoctoral Internship: Los Angeles Ambulatory Care Center, VA Greater Los Angeles HCS

Postdoctoral Fellowship: Clinical Research Fellow, Dr. John JB Morgan Foundation, Family Institute/Northwestern University

Dr. Lee is a staff psychologist and Clinical Lead for Bedford's Tobacco Cessation Program. His background is in cognitive Behavioral therapy with emphasis on mindfulness and acceptance-based principles. His clinical and research interests are in understanding tobacco use and cessation, transdiagnostic processes, and mechanisms of treatment. He also has a growing interest in bread baking and enjoys baking artisanal breads.

Melanie Manning, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Antioch University New England
Predoctoral Internship: Outpatient Psychotherapy Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Manning is a staff psychologist in the Mental Health Clinic. She has also worked in community based mental health and college counseling. Her clinical interests include treatment of trauma, substance use, depression, and interpersonal difficulties. She is formally trained in Cognitive Processing Therapy, Cognitive Behavioral Therapy for Substance Use Disorders and Cognitive Behavioral Therapy for Depression. Dr. Manning's approach to treatment includes Cognitive Behavioral Therapy combined with Family Systems Therapy. Outside of work, she enjoys spending time with her husband and dog, eating Italian food, and catching up on true crime documentaries.

Lisa Mueller, PhD, CPRP Clinical Director, Compensated Work Therapy Program; Investigator, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)
Doctoral Program: Counseling Psychology (PhD), Fordham University
Predoctoral Internship: Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship: N/A

Dr. Mueller is the Clinical Director of the Compensated Work Therapy Program and a researcher for the New England Mental Illness Research, Education, and Clinical Center (MIRECC). Her clinical and research interests include psychosocial rehabilitation (specifically vocational rehabilitation) for veterans with dual diagnoses and serious mental illness, in addition to systems change and multicultural awareness, knowledge, and skills.

Tu Anh Ngo, PhD, MPH Director of Integrative Pain Management; Chair, VISN 1 Pain Council; Acting Clinical Director, Whole Health Program
Doctoral Program: Clinical – Health Psychology (PhD), University of Rhode Island
Predoctoral Internship: Behavioral Medicine/Integrated Primary Care, University of Massachusetts Memorial Medical Center

Postdoctoral Fellowship: Behavioral Medicine, Cambridge Health Alliance; Pain Medicine, Spaulding Rehabilitation/MGH; Mental Health Clinic/Primary Care Behavioral Health, VA Bedford HCS

Dr. Ngo is the Director of Integrative Pain Management at Bedford and the Chair for the VISN Pain Council. She is a health psychologist with a specialty in chronic pain and integrated primary care. She has an integrative clinical approach, particularly in mindfulness-based therapies, CBT, and biofeedback for the treatment of chronic disease and health behaviors. She also has interests in complementary and integrative health and is currently the Acting Clinical Director overseeing the implementation of Whole Health at Bedford.

Maureen K. O'Connor, PsyD, ABPP-CN Director of Neuropsychology Service; Associate Professor, Department of Neurology, Boston University School of Medicine; Assistant Director, Boston University Alzheimer's Disease Education Core; Investigator, The Center for Translational Cognitive Neuroscience

Doctoral Program: Clinical Psychology (PsyD), Indiana University of Pennsylvania

Predoctoral Internship: Neuropsychology Track, Department of Psychology, Yale University School of Medicine

Postdoctoral Fellowship: New York Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center, Cornell Weil Medical College

Dr. O'Connor is the Director of the Neuropsychology Service at the VA Bedford HCS. She is an Associate Professor at Boston University School of Medicine in the Department of Neurology and Assistant Director of the Boston University Alzheimer's Disease Center Education Core. She is also an investigator in The Center for Translational Cognitive Neuroscience. Dr. O'Connor serves as the lead neuropsychologist for the Memory Diagnostic Clinic, a multidisciplinary team clinic focused on evaluation of older adult veterans. Dr. O'Connor's funded research is focused on the development of treatment interventions designed to improve daily living and well-being in aging individuals with and without neurocognitive disorders and their family members

Andrew Peckham, PhD Clinical Psychologist, Compensated Work Therapy Program, Suicide Prevention Team, and Community Recovery Connections Team; Co-Director, Interprofessional Fellowship in Psychosocial Rehabilitation; Investigator, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)

Doctoral Program: Clinical Science (PhD), University of California, Berkeley

Predoctoral Internship: McLean Hospital/Harvard Medical School (Adult Track)

Postdoctoral Fellowship: McLean Hospital, Behavioral Health Partial Hospital Program & NIH NRSA Fellowship

Dr. Peckham is a clinical psychologist providing evidence-based, recovery-oriented treatment primarily within the Compensated Work Therapy program. As a member of the Suicide Prevention

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team, he provides clinical services to Veterans at risk for suicide as well as conducting training and education about suicide prevention to Veterans, staff, and community members. Through the Peer Services program, Dr. Peckham also works with the Community Recovery Connections Team. He is the Co-Director of the Interprofessional Fellowship in Psychosocial Rehabilitation and supervises students in the delivery of recovery-oriented care for Veterans with serious mental illness. Dr. Peckham's clinical and research interests include psychosocial treatments for bipolar disorder, transdiagnostic interventions for impulsive behavior, and treatment of behavioral addictions. Outside of work, he is usually chasing his energetic toddler or reading nonfiction books about space.

Maura E. Pellowe, PhD	Chief, Psychology Service; Local Evidence-Based Psychotherapy Coordinator
Doctoral Program:	Clinical Psychology (PhD), University of Wyoming
Predoctoral Internship:	White River Junction VA Medical Center
Postdoctoral Fellowship:	N/A

Dr. Pellowe is the Chief of Psychology. She also serves as the facility Evidence Based Psychotherapy Coordinator. Her interests include assessment, diagnosis, and evidence-based treatments of PTSD. She is a VA National Consultant for Prolonged Exposure therapy and provides clinical supervision to VA clinicians around the country. She also provides Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Insomnia, among other psychotherapies.

Lisa Richards, PsyD	Staff Psychologist, Compensation & Pension Program
Doctoral Program:	Clinical Psychology (PsyD), University of Denver School of Professional Psychology
Predoctoral Internship:	Rocky Mountain Regional VA Medical Center
Postdoctoral Fellowship:	N/A

Dr. Richards is a staff psychologist providing Compensation and Pension disability examinations in the service-connection process for veterans. Compensation evaluations involve providing examinations that consider all types of mental health disorders within the framework of disability claims. Mental health claims frequently evaluated include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. Her passions include exploring the wonder of New England with her husband and dogs, gardening, and humor writing (The Woman Who Is Always Tan and Has A Flat Stomach and Other Annoying People).

Garret Sacco, PhD	Staff Psychologist, Mental Health Clinic; Co-Director of the Behavioral Addictions Program; Co-Chair of the Disruptive Behavior Committee
Doctoral Program:	Clinical Science (PhD), University of Delaware
Predoctoral Internship:	Primary Care Behavioral Health Track, VA Bedford HCS
Postdoctoral Fellowship:	IPMH - Community Intervention, VA Bedford HCS

Dr. Sacco is a staff psychologist in the Mental Health Clinic (MHC). He has also worked in community based mental health, psycho-oncology, college counseling, primary care behavioral health, and behavioral addiction clinics. His clinical interests include treatment of depression, anxiety, and trauma. Dr. Sacco is trained in a variety of treatments which address mood disorders, anxiety, insomnia, borderline personality disorder, chronic pain, and behavioral addictions. Dr. Sacco's approach to treatment includes cognitive behavioral, exposure-, and acceptance-based therapies. He serves as a supervisor in the MHC and behavioral addictions clinic and a facilitator of the year-long CBT-I training seminar. Outside of work, he enjoys spending time with his family, listening to and playing music, and watching movies. He is always looking for travel recommendations.

Jasbir Sandhu, PsyD	Staff psychologist, Mental Health Clinic
Doctoral Program:	Clinical Psychology (PsyD), William James College
Predoctoral Internship:	Kansas City VAMC
Postdoctoral Residency:	Phoenix VAHCS

Dr. Sandhu is a staff psychologist in the Mental Health Clinic. He provides individual, and group psychotherapy. Clinically his areas of interest include anxiety related disorders, trauma, and existential dread. He practices from an integrative perspective, primarily utilizing third-wave cognitive behavioral therapies, augmented with strength-based approaches. He is part of the Dialectical Behavior Therapy (DBT) team and co-facilitates the DBT group. He additionally has interest areas in program and process development projects. When not at work he can usually be found exploring the outdoors with his four-legged adventure buddy Ophelia. He has a great fondness for all things homemade, most recently seltzer.

Eli Spector, PsyD	Staff psychologist, Mental Health Clinic
Doctoral Program:	Massachusetts School of Professional Psychology (William James College)
Predoctoral Internship:	Walter Reed National Military Medical Center, US Army
Postdoctoral Residency:	Walter Reed National Military Medical Center, US Army

Dr. Spector is a psychologist in the Mental Health Clinic. His approach to therapy includes Cognitive Behavioral Therapy, and Evidence Based Psychotherapy for PTSD. While on active duty in the US Army he was trained in CPT, PE, and EMDR. He currently is a Behavioral Health Officer in the Massachusetts Army National Guard. In his free time, he enjoys spending time with his family.

Brian Stevenson, PhD	Clinical Research Psychologist, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC); Psychology Co-chair, Interprofessional Fellowship in Psychosocial Rehabilitation; Assistant Professor of Psychiatry, Boston
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	University School of Medicine; Adjunct Instructor of Counseling Psychology, Boston College
Doctoral Program:	Counseling Psychology Emphasis (PhD), Counseling, Clinical, and School Psychology Program, University of California, Santa Barbara
Predoctoral Internship:	Psychosocial Rehabilitation Track, VA Bedford HCS
Postdoctoral Fellowship:	N/A

Dr. Stevenson is a clinical research psychologist for the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC) as well as psychology co-chair for the Psychosocial Rehabilitation (PSR) Fellowship. [His clinical and research work](#) focuses on improving vocational outcomes of Veterans with psychiatric disorders by improving and developing vocational counseling interventions. He provides clinical services through the Program for Outpatient Wellness, Engagement, and Recovery (POWER), as well as the Vocational Evaluation Center (VEC). He is Assistant Professor of Psychiatry for Boston University School of Medicine as well as an Adjunct Instructor of Counseling Psychology for Boston College. Outside of work, he enjoys drawing/graphic design, film editing, watching documentaries, and spending time outdoors with his two rambunctious sons.

Sara K. Sullivan, PhD Clinical Neuropsychologist, Neuropsychology Service

Doctoral Program:	Clinical Psychology (PhD), Binghamton University
Predoctoral Internship:	Neuropsychology Track, Center Central Arkansas Veterans HCS
Postdoctoral Fellowship:	Neuropsychology, VA Bedford HCS

Dr. Sullivan is a clinical neuropsychologist working within the Neuropsychology Service. In addition to providing services in the general outpatient neuropsychology clinic and inpatient units on campus, she works closely with the Polytrauma/TBI Interdisciplinary Team, a multidisciplinary team that screens returning veterans for traumatic brain injury. Her clinical and research interests include neuropsychological functioning in TBI and various neurological/neuropsychiatric conditions, cognitive processes affected by emotions and modifiable lifestyle factors, and the effects of symptom attribution on functional abilities.

Lisa Taylor, PsyD	Clinical Psychologist, Home-Based Primary Care and Community Living Centers
Doctoral Program:	Clinical Psychology (PsyD), Nova Southeastern University
Predoctoral Internship:	Geropsychology Track, VA Northeast Ohio HCS (Louis Stokes/Cleveland VA Medical Center)
Postdoctoral Fellowship:	Geropsychology, VA Bedford HCS

Dr. Taylor is a clinical psychologist in Home-Based Primary Care (HBPC), and the Community Living Centers (CLC) which includes three Dementia Care Units (DCU) and a Geriatric Psychiatric Unit (GPU). Her clinical interests include Geropsychology, behavioral health, working on interdisciplinary teams,

and utilizing evidence-based treatments including STAR-VA. She liked unicorns before they were cool and enjoys spending time with her daughter and rescue dog.

Roni Tevet, PhD Staff Psychologist, Mental Health Clinic; Co-Associate Director of Psychology Training
Doctoral Program: Clinical Psychology (PhD), Suffolk University
Predoctoral Internship: Addictions Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH - Interprofessional Education & Program Development, VA Bedford HCS

Dr. Tevet is a staff clinical psychologist in the Mental Health Clinic part of the Veterans Integration to Academic Leadership (VITAL) team working with students Veteran. She provides individual, couples, and group psychotherapy, drawing from an integrative perspective, using CBT and humanistic approaches. Her clinical interests focused on working with Veterans who struggle with the impact of trauma, depression, anxiety, interpersonal difficulties, and substance use. She is interested in helping Veterans identify and achieve their goals using their strengths. Dr. Tevet is part of the Dialectical Behavior Therapy (DBT) team and co-facilitates the DBT group. Outside of work, she enjoys spending time with her family outdoors as much as possible, reading, and art and traveling.

Amanda Hanrahan Veith, PhD Staff Psychologist, Acute Inpatient Psychology Unit
Doctoral Program: Clinical Psychology (PhD), Duke University
Predoctoral Internship: Georgetown University Child Development Center
Postdoctoral Fellowship: Counseling Services of Katy

Dr. Veith is a staff psychologist on the acute inpatient psychology unit with specialty areas in group and individual. Her interests include cognitive behavior therapy, positive psychology, motivational interviewing, PTSD, suicidology, whole health, and program development. She has experience working in acute inpatient settings, residential treatment settings, and outpatient clinic settings. She enjoys creative writing, theater, and the ocean.

Matthew Wachen, PhD Staff Psychologist, Home-Based Primary Care
Doctoral Program: Clinical Psychology (PhD), University of Connecticut
Predoctoral Internship: Greater Hartford Clinical Psychology Internship Consortium
Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Wachen is a staff psychologist in Home-Based Primary Care. His interests include Geropsychology, the integration of mental health and primary care, and the management of chronic disease and maladaptive behaviors with cognitive behavioral therapy and mindfulness-based techniques. He has somehow remained devoted to the Baltimore Orioles.

Sedale Williams, PsyD

Staff Psychologist, Mental Health Clinic

Doctoral Program:

Counseling Psychology (PsyD), Springfield College

Predoctoral Internship:

Counseling & Psychological Services, Stanford University

Postdoctoral Fellowship:

IPMH - Interprofessional Education & Program Development, VA
Bedford HCS

Dr. Williams is a counseling psychologist who graduated from Springfield College in December 2020. He completed his Pre-Doctoral Internship at Stanford University Counseling & Psychological Services (CAPS) where he provided individual therapy, group therapy, and outreach for undergraduate and graduate students. He also has a BA in psychology from Westfield State University and an MSW from the University of Connecticut. Dr. Williams completed his Postdoctoral Resident at Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts in 2021 where he was on the Interprofessional Mental Health -- Education & Program Development track.





Our psychologists are making important contributions in and outside of our medical center! Click on the images below to learn more about our professional interests and career highlights.

Addictions



Dr. Jonathan Lee discusses Tobacco Cessation resources for Veterans

Diversity, equity, and social justice



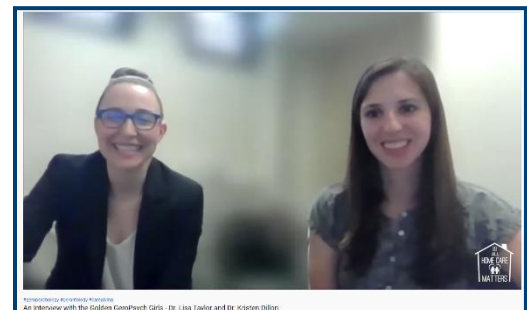
Dr. Stephen Gresham leads an online workshop on healing and allyship in the context of racial trauma.

Geropsychology

An interview with Dr. Lisa Taylor and Dr. Kristen Dillon ("the Golden GeroPsych Girls") on the benefits of Geropsychology services for older adults and their families.

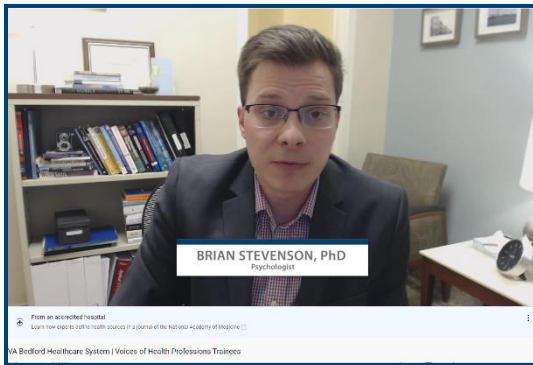
Follow them on social media:

- [GoldenGeropsychGirls](#)
- [@goldengeropsychgirls](#)
(access TikTok on a non-government furnished equipment device)



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Interprofessional Education and Training



Dr. Brian Stevenson and Dr. Valene Whittaker discuss their experiences as former trainees in interprofessional training programs in VA Bedford HCS' "Voices of Health Professions Trainees" video.

Neuropsychology

VA telehealth clinic focused on cognitive issues helps Veterans in rural areas

News Sections: Research

Published On: May 3rd, 2021 | 789 words | 2.6 min read

Dr. Malissa Kraft, a neuropsychologist at the VA Bedford Healthcare System in Massachusetts, recalls a personal story that made her research hit home.

Born and raised in rural Iowa, she learned firsthand that many specialty health services are not accessible to people who live far from a metropolitan area. When her grandmother had a stroke in 2015, no

Dr. Malissa Kraft discusses her role in developing teleneuropsychology services for older Veterans at VA Bedford.

Dr. Maureen O'Connor and Dr. Robyn Migliorini introduce AgeWise using an infographic video that illustrates the importance of brain health at all ages.



Primary Care Behavioral Health

Today's topic: stress. Psychologist Tu Ngo looks out at a small group of veterans seated around a classroom table. "Why would we be talking about stress when we're here because of your pain?" she asks seriously, then smiles. "Lil' pop quiz now."

A man who's sitting near the door, in case his PTSD flares up and he needs to leave, is ready with an answer. "Stress may increase your anxiety, the anxiety may increase your feeling of pain," says Tom Schatz, "the feeling of pain may increase depression, etc. etc."

"Very good, that's a great description of the vicious cycle we know happens when you have pain," says Ngo, who heads the pain program at the Bedford VA Medical Center. "Pain is a stress response, it's a signal to the brain saying, 'Hey, there's something wrong.'"

Dr. Tu Ngo is interviewed by local public radio station WBUR about "Pain School", a psychoeducational intervention for chronic pain management.

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Local Information

VA Bedford Healthcare System is located in Bedford, Massachusetts, a town of 14,000 residents that retains the charm of a quiet New England town although its expansion over the years marks it clearly as a suburb of Boston some 20 miles to the southeast. Bordered by Concord to the west and [Lexington](#) to the south, Bedford lies within earshot of the “shot heard ‘round the world” that initiated the American Revolution. The Minuteman National Historical Park offers historical tours and events, as well as 11 miles of trail for biking, running, or walking. We respectfully acknowledge that [the Town of Bedford is located on the traditional and unceded lands of the Massachusett Tribe.](#)

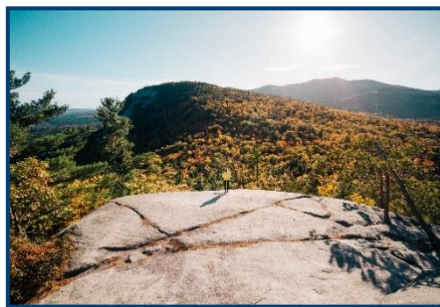
Heading south west from Bedford, metro-Boston and surrounding cities, such as Cambridge and Somerville are a close and commutable 15-20 mile drive. Boston is one of America’s oldest cities (founded in 1630) and retains its cozy European charm. Like any big city, [Boston offers an array of cultural events and opportunities](#), such as large theater productions, smaller independent theater, annual film festivals, and music venues both large and small, as well as myriad restaurants, theaters, and music venues.



The famed Charles River, which runs through Cambridge, offers opportunities for rowing and miles of trails for running, and serves as the backdrop for many area festivals. Harvard Square, one of the most well-known areas of Cambridge and home to Harvard University, is well known for its bookshops, coffeehouses, music, festivals, and street theater. Harvard University and Cambridge

Center for Adult Education offer an impressive array of continuing education courses. MIT, Boston University, Boston College and Tufts are other major schools that make the Boston/Cambridge area a world center for higher education. The Boston area is also known for its world class hospitals including Mass General, Mass Eye and Ear, Beth Israel, Brigham and Women’s, Dana Farber Institute, Children’s, and McLean. Various lectures and educational opportunities are available through area academic centers and teaching hospitals.

Heading two hours north from Bedford, one finds the White Mountains of New Hampshire, and the Green Mountains of Vermont, with some of the



finest hiking, climbing, and skiing in the Northeast. Cape Cod’s expansive beaches lie

two hours to the south, and Martha’s Vineyard and Nantucket Islands are accessible by ferry from the Cape. Other beautiful ocean beaches are less than an hour from Bedford. Walden Pond (actually a small lake), where Thoreau lived and swam, is just 15 minutes from the hospital and is perhaps the prettiest of the local fresh water swimming options.



Stockbridge, the home of both Alice’s Restaurant and the Austen Riggs Center, is in the southern Berkshire Mountains two hours to the west. The natural beauty and artistic offerings (music at Tanglewood, dance at Jacob’s Pillow and several first rate summer theaters) of the Berkshires are among the reasons many urbanites establish this as their second home.

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Appendix



Black and white picture of VA Bedford library (building 9) with a car parked in front. Date unknown, VA Bedford HCS Public Affairs Office.

General Competencies

Research

1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the VA Bedford HCS), regional, or national level.
2. Routinely utilizes the scientific literature in the conceptualization, planning and delivery of clinical services.
3. Ethical and Legal Standards (is knowledgeable of and acts in accordance with each of the following)
4. The current version of the APA Ethical Principles of Psychologists and Code of Conduct.
5. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
6. Relevant professional standards and guidelines.
7. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.

Individual and Cultural Diversity

1. Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interactions with people different from oneself.
2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in professional activities including research, training, supervision/ consultation, and service.
3. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
4. Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during training.

Professional Values, Attitudes, and Behaviors

1. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
2. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
3. Actively seeks and demonstrate openness and responsiveness to feedback and supervision.
4. Responds professionally in increasingly complex situations with more independence as they progress across levels of training.

Communication and Interpersonal Skills

1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
3. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Assessment

1. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
2. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural)
3. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
4. Selects and applies assessment methods (including interview approaches) that draw from the best available empirical literature and are appropriate to the referral question
5. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of the assessment that are subjective from those that are objective
6. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

Intervention

1. Establishes and maintains effective relationships with the recipients of psychological services.
2. Develops evidence-based intervention plans specific to the service delivery goals.
3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
4. Demonstrates the ability to apply the relevant research literature to clinical decision making.
5. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
6. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing outcome evaluation.

Consultation and Interprofessional Skills

1. Demonstrates knowledge and respect for the roles and perspectives of other professions.
2. Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Supervision

1. Demonstrates knowledge of supervision models and practices.
2. Applies this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Postdoctoral Program Admissions

Date Program Tables are updated: September 2021

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and internship and academic preparation requirements:

The program seeks qualified applicants from both clinical and counseling doctoral training programs in psychology. The residency program seeks applicants with some prior training and experience in a particular emphasis area (or track) within the program.

Applicants must have completed all requirements for their doctoral degree, which includes the successful defense of their dissertation, prior to starting the postdoctoral residency. In order for the program to make an offer to an applicant who has not yet completed their defense, a letter from the dissertation chair attesting that the dissertation will be completed prior to the start of the residency is required. In addition, the Department of Veterans Affairs requires that both doctoral degree and internship have been completed from programs that are accredited by the American Psychological Association (please see section below "Eligibility Requirements for VA Postdoctoral Residency Training Programs" immediately following these tables in the brochure for additional eligibility requirements).

Postdoctoral residents are selected on the basis of academic excellence, clinical experience, research experience, recommendations of professors and supervisors, interview, and interests. Consideration is given to aspects of life experience, particularly the ability to understand human diversity.

Training committee members associated with each of the eight tracks of training review applications from individuals interested in each of these areas. Prospective applicants are welcome to apply to more than one particular track of training for which they have past training/experience and interest. The program typically interviews selected applicants from mid-January to mid-February. Selected applicants generally have two to three interviews within the program, sometimes including current residents. All interviews will occur remotely due to the pandemic. The program abides by the guidelines and protocol of the postdoctoral uniform notification date of February 22, 2021.

Please note, by accepting a postdoctoral training position at our agency, the applicant is agreeing to complete one full year of residency training. Consequently, it is fully expected that once an applicant accepts a position at our site that they will cease to pursue other postdoctoral or staff positions and will plan to complete the full training program at this facility. If an applicant has any reason to believe that he/she may not complete the residency program, they should not apply nor accept an offer for training at this site.

Application Procedure

All application materials are to be submitted via the APPIC Psychology Postdoctoral Application portal (APPA CAS).

The following materials are required:

1. Cover letter (including a brief description of applicant's internship rotations)
2. CV
3. Three letters of recommendation (at least one from an internship supervisor, and at least one from doctoral program faculty).
4. Undergraduate and graduate degree transcripts (photocopies of official transcripts are fine)
5. Description of the status of your dissertation, including details related to phase of the project and expected dates for subsequent phases and/or completion

APPLICATION DUE DATE – January 5

For application questions:

- **Dr. Richard Amodio** - Director of Psychology Training
(781) 687-3056 richard.amodio@va.gov
- **Dr. Roni Tevet** - Associate Director of Psychology Training
(781) 824-1045 roni.tevetmarkelevich@va.gov
- **Dr. Stephen Gresham** - Associate Director of Psychology Training
(781) 687-2000, ext. 6030 stephen.gresham@va.gov
- **Conan Hom** - Psychology Training Program Administrative Assistant
(781) 687-3052 conan.hom@va.gov

Clinical Psychology Postdoctoral Residency
VA Bedford Healthcare System
Psychology Training Program (116B)
200 Springs Road
Bedford, Massachusetts, 01730
(781) 687-2378
<https://www.va.gov/bedford-health-care/>

Describe any other required minimum criteria used to screen applicants:

Eligibility Requirements for All VA Residency Training Programs

1. Have received a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship. In lieu of having the doctoral degree conferred, it is acceptable to have the Director of Clinical Training verify that ALL degree requirements for the completion of the degree have been completed. This verification letter must be on the University's letterhead. The verification that all degree requirements have been met is meant to denote that there are no additional tasks for the student to complete prior to the degree being conferred (e.g., the student has completed any final revision that must be made to the dissertation and the dissertation has been accepted by the graduate program and graduate school).
3. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
4. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
5. All staff and students are subject to fingerprinting and background checks. Beginning the training year is contingent on passing these screens.
6. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	\$51,592
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 (accrued)
Hours of Annual Paid Sick Leave	104 (accrued)
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
<p>Other Benefits (please describe):</p> <p>The residency is a full-time (40 hours per week) full-year (2080 hour) experience. Residents accrue a total of thirteen days of personal leave as well as sick leave over the course of the year. In addition, residents are granted up to four days for educational leave and/or professional development (such as attending training or professional conferences and job interviews).</p> <p>The training year commences on the Tuesday after Labor Day in September and ends on the Friday before the Labor Day weekend of the following year.</p> <p>While each track of training within the residency has its own particular clinical and professional activities, all residents engage approximately 30-35% direct contact with Veterans/clients over the course of the training year. See above sections entitled “Supervision and Preceptorship” and “Seminars and Other Didactics” to review the specific program-wide training activities that will complement your particular track of training or focus area.</p>	

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)	2017-2020	
Total # of residents who were in the 3 cohorts	43	
Total # of residents who remain in training in the residency program		
	PD	EP
Community mental health center		1
Federally qualified health center		0
Independent primary care facility/clinic		1
University counseling center		2
Veterans Affairs medical center	1	15
Military health center		0
Academic health center		2
Other medical center or hospital		7
Psychiatric hospital		1
Academic university/department		0
Community college or other teaching setting		0
Independent research institution		0
Correctional facility		0
School district/system		0
Independent practice setting		10
Not currently employed		2
Changed to another field		0
Other		1
Unknown		0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Trainees for Past 10 Years

2021 - 2022

University of Hartford	PsyD	Clinical Psychology
Springfield College	PsyD	Counseling Psychology
University of Minnesota	PhD	Counseling Psychology
Antioch New England	PsyD	Clinical Psychology
University of Wyoming	PhD	Clinical Psychology
University of Denver	PsyD	Clinical Psychology
Long Island University (2)	PsyD	Clinical Psychology
Xavier University	PsyD	Clinical Psychology
Widener University	PsyD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Palo Alto University	PsyD	Clinical Psychology

2020 - 2021

University of Houston	PhD	Clinical Psychology
Palo Alto University	PsyD	Clinical Psychology
Utah State University	PhD	Combined Psychology
Miami University of Ohio	PhD	Clinical Psychology
William James College (6)	PsyD	Clinical Psychology
Springfield College (2)	PsyD	Clinical Psychology
Marquette University	PhD	Clinical Psychology
Carlos Albizu University	PsyD	Clinical Psychology
Antioch New England	PsyD	Clinical Psychology
Azusa Pacific University	PsyD	Clinical Psychology

2019-2020

Suffolk University	PhD	Clinical Psychology
Antioch New England (3)	PsyD	Clinical Psychology
William James College (2)	PsyD	Clinical Psychology
Chicago School of Professional Psychology	PsyD	Clinical Psychology
Nova Southeastern University	PsyD	Clinical Psychology
Palo Alto University (2)	PsyD	Clinical Psychology
Ball State University	PhD	Counseling Psychology
Adler University (2)	PsyD	Clinical Psychology
Marywood University	PsyD	Clinical Psychology
Widener University	PsyD	Clinical Psychology

2018-2019

Clark University	PhD	Clinical Psychology
Boston College	PhD	Counseling Psychology
Florida State University	PhD	Clinical Psychology
Lehigh University	PhD	Clinical Psychology
William James College (2)	PsyD	Clinical Psychology
Arizona School Prof Psych (2)	PsyD	Clinical Psychology
Fordham University	PhD	Clinical Psychology

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SUNY/Albany	PhD	Counseling Psychology
Pacific Graduate School (2)	PsyD	Clinical Psychology
Duquesne University	PhD	Clinical Psychology
University of Delaware	PhD	Clinical Psychology
Widener University	PsyD	Clinical Psychology

2017 - 2018

Clark University	PhD	Clinical Psychology
Baylor University	PsyD	Clinical Psychology
University of Connecticut	PhD	Clinical Psychology
Suffolk University	PhD	Clinical Psychology
William James College (3)	PsyD	Clinical Psychology
University of Mass/Boston (2)	PhD	Clinical Psychology
University of Pittsburgh	PhD	Clinical Psychology
Northeastern University	PhD	Counseling Psychology
Indiana State University	PsyD	Clinical Psychology
University of Illinois/Chicago	PhD	Clinical Psychology
American University	PhD	Clinical Psychology
University of Texas/Austin	PhD	Counseling Psychology

2016-2017

Lasalle University (2)	PsyD	Clinical Psychology
University of Kentucky	PhD	Clinical Psychology
University of Mass/Boston	PhD	Clinical Psychology
William James College (2)	PsyD	Clinical Psychology
University of Illinois at Urbana-Champaign	PhD	Counseling Psychology
Nova Southeastern University (2)	PsyD	Clinical Psychology
Northeastern University	PhD	Counseling Psychology
Virginia Consortium	PhD	Clinical Psychology
Suffolk University (2)	PhD	Clinical Psychology
University of North Texas	PhD	Counseling Psychology
Duquesne University	PhD	Clinical Psychology
Regent University	PsyD	Clinical Psychology

2015-2016

Arizona State University	PhD	Counseling Psychology
SUNY/Binghamton	PhD	Clinical Psychology
University of Hartford	PsyD	Clinical Psychology
Pacific School of Prof Psych	PsyD	Clinical Psychology
Hawaii School of Prof Psych	PsyD	Clinical Psychology
Wichita State University	PhD	Clinical Psychology
Carlos Albizu University	PhD	Clinical Psychology
Antioch New England Univ (2)	PsyD	Clinical Psychology
Hoffstra University	PhD	Clinical Psychology
University of Tennessee, Knoxville (2)	PhD	Clinical Psychology
Mass School of Prof Psych	PsyD	Clinical Psychology
Spaulding University	PsyD	Clinical Psychology
University of Minnesota	PhD	Counseling Psychology

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American University	PhD	Clinical Psychology
2014-2015		
La Salle University	PsyD	Clinical Psychology
West Virginia University	PhD	Counseling Psychology
Seton Hall University	PhD	Counseling Psychology
Alliant International University /Fresno	PsyD	Clinical Psychology
University of Wisconsin/Milwaukee	PhD	Counseling Psychology
Nova Southeastern University	PhD	Clinical Psychology
Nova Southeastern University	PsyD	Clinical Psychology
Loma Linda University	PhD	Clinical Psychology
University of Missouri	PhD	Counseling Psychology
Palo Alto University	PhD	Clinical Psychology
Adler School of Prof Psych	PsyD	Clinical Psychology
Ohio State University	PhD	Clinical Psychology
Georgia University	PhD	Clinical Psychology
Tennessee State University	PhD	Counseling Psychology
Columbia University	PhD	Counseling Psychology
Rutgers University	PsyD	Clinical Psychology
2013-2014		
University of Texas (2)	PhD	Counseling Psychology
SUNY, Buffalo	PhD	Counseling Psychology
Nova SE Univ	PsyD	Clinical Psychology
University of Wisconsin, Madison	PhD	Counseling Psychology
Yale University	PhD	Clinical Psychology
Baylor University	PsyD	Clinical Psychology
Suffolk University	PhD	Clinical Psychology
University of Illinois at Urbana-Champaign	PhD	Counseling Psychology
University of Utah	PhD	Counseling Psychology
Mass School Prof Psych	PsyD	Clinical Psychology
Loma Linda University	PhD	Clinical Psychology
CA Institute Integral Stud	PhD	Clinical Psychology
Chicago School Prof Psych	PsyD	Clinical Psychology
Carlos Albizu University	PsyD	Clinical Psychology
2012-2013		
University of Wisconsin – Madison (2)	PhD	Counseling Psychology
Suffolk University	PhD	Clinical Psychology
Southern Illinois University	PhD	Clinical Psychology
Palo Alto University	PhD	Clinical Psychology
University of Syracuse	PhD	Clinical Psychology
Drexel University	PhD	Clinical Psycholog
Illinois Institute of Tech	PhD	Clinical Psychology
University of Maryland	PhD	Clinical Psychology
Virginia Consortium	PsyD	Clinical Psychology

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Additional Information on Program Policies and Procedures

THE FEEDBACK PROCESS: RESIDENTS & SUPERVISORS

The training program at Bedford seeks to make the feedback process something that is clear, predictable, and useful for all our students. Toward this end, the training committee has developed several mechanisms to help ensure that these objectives are met. In addition, the program has worked to make providing feedback (both to and from students) something that is built into the culture of the training program.

During each of the formal evaluation periods, residents and their supervisors have a designated time frame set aside to specifically review together the resident's performance to date as well as the dyad's work together in the supervision. That is, both the resident's performance (as summarized in the competency benchmark rating form completed by the supervisor) as well as the resident's experience of the supervision (as summarized in an evaluation form completed by the resident of both strengths and areas of possible modification or improvement with regard to the supervision) is reviewed during this feedback process.

To best facilitate this conversation and review between resident and supervisor, a particular week is designated as "evaluation and feedback week," and during this time the review and feedback process is the priority. These review meetings should occur during regularly scheduled weekly or biweekly supervision. In instances where the resident meets with a supervisor on a biweekly basis and the evaluation week falls on an off-cycle week, the following week will serve as the "evaluation and feedback week." The review/feedback process may reasonably fill the entire hour, and supervisors as well as students are encouraged to use this protected time to freely share and explore each individual's experiences to date. Clinical material may also be addressed in this meeting, following the complete review/feedback process; however, in no instance should clinical material supersede this feedback process. Should pressing clinical material need to be addressed, the supervisor and student should best set up an additional meeting to engage clinical supervision. Strict adherence to this protocol will ensure that residents have the opportunity to receive timely and detailed feedback as well as ensure that supervisors will similarly be given an opportunity to receive relevant feedback.

Prior to the feedback session, all relevant evaluation forms should be completed by both the resident and the supervisor. Should any form not be completed, then the supervisor and/or the resident should use this time to complete the form before a discussion is engaged. Some supervisors may prefer to complete their form in a collaborative manner in the presence of their supervisees, and in such cases, this protocol may be especially well suited. In any event, it is expected that both supervisors and students will not deviate from this protocol. As noted above, strict adherence to the protocol of the "evaluation and feedback week" will help ensure that the process will be an optimally useful one.

RESIDENT DEVELOPMENT AND PROFESSIONAL FUNCTIONING

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As a training program, we are committed to facilitating each resident's professional development across the range of areas of professional functioning. With regard to residency training, there is an equal focus on clinical training involving the areas of evaluation, assessment, and intervention as well as functioning competently with regard to all relevant aspects of professional functioning. A review of the items contained within the competency benchmark rating form will show that a significant number of items pertain to relational, intrapersonal, and interpersonal professional functioning.

The Council of Chairs of Training Councils (CCTC) of APA has developed a policy that specifically addresses the need for professional psychologists to "demonstrate competency within and across a number of different but interrelated dimensions," stating that training faculty has a "duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development and functioning." The policy goes on to state "in addition to performance in coursework, seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will also be evaluated." The residency training program sees the merit in this position and has adopted this model policy as an additional means of ensuring student professional development and enhancing student self-awareness. The implementation of such evaluation processes will allow for the identification of student strengths as well as areas of improvement, and if needed, to assist in the development of remediation plans for the student.

The CCTC policy lists some of the key areas where such professional competency should be demonstrated and necessarily evaluated by training staff as the following:

- a) interpersonal and professional competence
- b) self-awareness, self-reflection, and self-evaluation
- c) openness to processes of supervision
- d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner

The psychology training program uses the vehicle of supervision, which involves supervisor/student interactions as well as the direct observations of student behavior and clinical functioning (either live or recorded) to monitor the above areas of professional functioning. Relevant items on periodic written evaluation forms are the means to routinely document the student's general level of competency in these areas.

It is important to emphasize that the psychology training program values and respects each student's uniqueness and right to personal privacy. The above-stated policy is not intended as a justification to pursue or address areas of personal functioning that do not relate to or impact upon professional functioning or training within the residency program. Consequently, relevant behavior or issues typically would be those observed within the context of the student's work and professional interactions. However, the CCTC policy notes that the exceptions to this general rule would occur when the student's outside conduct "clearly and demonstrably a) impacts the performance, development, or functioning of the student-trainee, b) raises questions of an ethical nature, c) represents a risk to public safety, or d) damages the representation of psychology to the profession or

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public.” In such cases, “the program may review such conduct within the context of the program’s evaluation processes.”

As any training or professional issue either arises or becomes apparent, the training program will first provide feedback and engage the student in an open dialogue about the issue at hand. Such conversations with the student are designed to heighten awareness of the issue at hand and help the student determine how best to address or resolve the relevant issue. Should the behavior in question persist or be of a significant magnitude of importance, the student’s preceptor and/or the director of training will document the behavior at issue. At this point, the training committee’s procedure for responding to issues in need of remediation, fully described in the section on Resident Deficiencies will be implemented. The purpose of implementing a clear protocol is to allow the student maximal opportunity to effectively resolve the situation, while best utilizing ongoing staff monitoring and feedback with regard to the issue. Due process policies and procedures are always available to the student should they so choose, and these are fully described below within the section Grievance Procedures.

PROGRAM EVALUATION

The residency program utilizes a number of formal and informal mechanisms to ensure that training objectives are met, both with regard to the individual resident and for the program as a whole. In actuality, the ongoing multifaceted monitoring of each resident’s progress throughout the residency year provides the ground and a primary basis for the program’s overall evaluation and modification, and when necessary, reconceptualizing the functionality of particular programmatic training activities and protocol.

As noted earlier, formal evaluations are completed by each clinical supervisor at 4-, 8- and 12-month periods. These evaluations (and their review with each supervisor) serve as a basis for discussion of progress and training objectives. Particularly relevant in this program evaluation process are the residents’ formal evaluations of the program and of their individual supervisors, which are also completed at 4-, 8- and 12-month periods. Specifically, each resident completes written evaluations of each of his/her supervisors as well as a series of other evaluation forms that cover the scope of the residency training program (i.e., clinical rotations, seminars/didactics, group supervisions, and the residency generally).

This entire feedback process between residents and supervisors allows for the program to identify and review relevant programmatic components, including issues related to overall structure as well as specific details. In addition, several formal meeting contexts provide another means to specifically examine questions and issues related to the functioning of the training program. Consequently, program review and modification processes can occur through one or more of the following channels of interaction and formal communication regarding the training program:

- 1 The training directorate meets with each small group of training psychologists (affiliated with a rotation or training context) once or twice over the course of the year. These meetings provide an in-depth opportunity to explore the structure and unique issues relevant to each of the program's rotations and training contexts. Also, the training directorate meets with the resident, preceptor and/or rotation supervisor(s), as needed, to address and explore issues as they arise.
- 2 Retreats with all the training supervisors occur periodically. These retreats provide an in-depth opportunity for all training committee members to receive presentations and to participate in an extended dialogue regarding key elements or changes regarding the program's structure or philosophical framework.
- 3 The training directorate meets weekly to discuss and review all aspects of the program, including resident-provided feedback (both formal and informal). This meeting continuity allows for the director and co-directors to continually explore and deepen their understanding of the program, its aims and resident overall experience, providing the training directorate an opportunity to continually refine the program.
- 4 In addition to the resident's work with their preceptor, individual meetings between the training director or one of co-directors with a resident occur as needed or whenever requested by the resident. The training directors value being available to residents whenever an administrative, professional/ ethical, clinical, or program-related issue may arise.

When significant programmatic changes are entertained, there is always a bi-directional interaction process between training staff and residents. In essence, each group serves the function of providing corrective feedback to the other. Consequently, any change entertained by the training committee is typically presented to the residents for feedback and suggestions for possible revisions, and vice versa. This process also works very well regarding the early stage of idea generation, prior to any actual proposed change. For example, either group may determine some aspect of the training program, or lack thereof, to be in question. In this case, one group may simply request from the other a consideration of the present issue and a potential action plan to address it.

PROBLEM IDENTIFICATION AND RESOLUTION

Grievance Procedure

Three procedures for addressing grievances are available to residents -- an internal grievance procedure designed specifically for the training program, hospital wide procedures involving a mediation program, and a formal grievance process. The hospital procedures are listed in Appendix E and are available to all employees, including psychology students. The internal grievance procedure is as follows:

When possible, a resident with a grievance is encouraged to first address the problem with the individual that is the focus of the grievance. Informal means of resolving problems before they reach the grievance stage are recommended.

If resolution is not achieved, the resident should contact his/her preceptor or the training director. If the nonresolved grievance is against the preceptor, the resident will go directly to the training director. If the nonresolved grievance is against the training director, the resident will go directly to either his/her preceptor or the chief of the Psychology Service.

Subsequently, either the preceptor or training director will convene a meeting with the persons involved in order to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. If the meeting does not resolve the grievance to everyone's satisfaction, the training director is given (or himself documents) the relevant information in writing.

At each step of the process, the goal of the training directorate is to optimally support the student who has the grievance, and when reasonable and appropriate, intervening to directly address issues with staff and/or modifying the intern's training context and supervisory assignments. Should such resolutions not satisfy the resident's concerns, the hospital's mediation program as well as the formal grievance procedure, available to all employees, offers other avenues for residents to address conflicts or grievances. The hospital grievance procedure is also provided to residents during the orientation period and would be a more appropriate avenue if the grievance were against the chief of psychology.

Staff Standards

All staff are required to abide by the highest ethical standards and any staff behavior that reasonably raises questions about adherence to such standards (including but not limited to boundary violations, dual roles, etc.) and that impacts psychology trainees should be brought to the attention of the training director (or to the chief of psychology if the behavior at issue involves the training director). As appropriate, the procedures outlined above under residential grievance procedure shall be followed to review and act upon this information.

Resident Deficiencies

The following procedures will be followed in advising and assisting residents who are not performing at an expected competency level regarding clinical skills and professional behavior.

At any time during the training year, if evaluation of a resident by one or more of his/her supervisors indicates that the resident is not meeting expected competencies or is not performing as expected regarding professional or program requirements, then the supervisor(s) is to notify the resident as rapidly as possible of any difficulties. Residents are also encouraged to actively seek feedback on an ongoing basis.

It is expected that relatively minor deficiencies will initially be addressed informally by the resident's preceptor or other supervisors. Should such informal means of addressing the issue not adequately resolve the problem, then the protocols described below will be implemented, starting with a written remediation plan.

The preceptor and other supervisors assigned to the resident jointly discuss the current situation and decide upon what professional area(s) is at issue. A written remediation plan, outlining current deficits along with expected target behaviors, is prepared, signed by the resident, all supervisors, and the director of training. This signed copy is added to the resident's training file.

Monitoring and monthly review will be the responsibility of the preceptor and supervisor(s). The training director will be consulted as needed and will be periodically updated about the resident's performance. Updated signed remediation plans, documenting improvement and ongoing deficits, are completed on a monthly basis and added to the resident's training file.

Changes may be necessary in the resident's activities or rotations to continue progress toward objectives. Such changes will be made in consultation with the training director.

Monthly written summaries will be provided to the resident. When the resident has shown satisfactory progress for two months, achieving the learning objectives outlined in the remediation plan, the intensified review process will be terminated. If the resident fails to make progress toward the revised goals and objectives, then the following additional steps will be taken.

Recommendation for probation, approved by the training directorate, is the first step towards removing the resident from the training program. Following notification of being placed on probation, the resident will have no less than one month to significantly improve the behavior(s) at issue. After this time, the training directorate will review any changes in the resident's performance over the past month.

If some improvement (but less than full resolution of the deficits) in performance is noted by the resident's supervisors, the supervisory team and the training directorate may continue monthly reviews of the resident's progress. However, if at any point it is determined that the resident's performance has fallen to the level of what initially prompted probation, the program will move to have the resident removed from the residency.

If it is the consensus of the resident's supervisory team and the three-person training directorate that a resident should be removed from the program, a specific and detailed set of recommendations will be communicated by the training director to the resident. These recommendations will serve to guide the resident towards remediation of his or her deficits in future training and clinical practice elsewhere.

The resident being removed from the program may appeal this decision by submitting a detailed response to the recommendations of the committee. The training director will establish a review panel, comprising the chief of psychology and two other hospital staff members. The composition of this panel is at the discretion of the chief of psychology with the exception that no one involved in the

original action shall be on the panel. Legal representation from the VA District Counsel Office shall be available to consult with the panel concerning due process issues. The training director shall present the position of the training committee; and the resident, together with any counsel he or she may choose, shall present the appeal. The training committee shall abide by the panel's judgment if it recommends continuation of training. The resident and his or her supervisor, along with the resident's preceptor and training director, will then develop a training plan for the rest of the year.

Professional Standards for Residents

It is expected that all residents will abide by appropriate standards of professional and ethical behavior in all of their interactions and activities. Problematic, unethical, or illegal conduct by a resident should be brought to the attention of the training director. Any person who observes such behavior, or reasonably questions that such behavior has occurred, whether staff or resident, has the responsibility to report the incident.

1. Incidents of a very minor nature may be dealt with by the training director, the preceptor, and the resident. Such incidents may be documented at the discretion of the training director, preceptor, or possibly the training committee. If the incident is determined to involve a particularly problematic behavior or otherwise constitute an illegal or unethical action, a written record is made of this complaint and action. All written records become a permanent part of the resident's file.
2. Any such particularly problematic or illegal/unethical behavior, or two to three minor infractions, must be reviewed by the training committee or training quorum. After a careful review of the case, the training committee or quorum will recommend either probation or dismissal of the resident. Recommendations of a probationary period must include specific guidelines including a time frame and periodic review as described above. A violation of the probationary contract will necessitate the termination of the resident's appointment.